

Fill in this information to identify the case:

United States Bankruptcy Court for the:

**Western District of Texas**Case number (if known): \_\_\_\_\_ Chapter **11**☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/24**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **Cowan Fitness North Round Rock LLC**

2. All other names debtor used in the last 8 years

**Orangetheory****Orangetheory Fitness**

Include any assumed names, trade names, and *doing business as* names

**Orangetheory Fitness University**

3. Debtor's federal Employer Identification Number (EIN)

**4 7 - 5 5 5 3 2 5 5**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**311 University Blvd**

Number Street

**Round Rock, TX 78665-1073**

City State ZIP Code

**Williamson**

County

**808 Shady Bluff Cv**

Number Street

**Round Rock, TX 78665-5644**

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

**orangetheory.com**

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

Debtor Cowan Fitness North Round Rock LLC

Case number (if known) \_\_\_\_\_

Name

**7. Describe debtor's business****A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

**B. Check all that apply:**

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8 1 2 9**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. **Check all that apply:**
- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☐ No

☒ Yes. Debtor Cowan Fitness South Round Rock LLC Relationship Affiliate

List all cases. If more than 1, attach a separate list.

District Western District of Texas When 3/24/2025  
MM / DD / YYYY

Case number, if known 25-10395

Debtor Cowan Fitness North Round Rock LLC

Name

Case number (if known) \_\_\_\_\_

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard?  
\_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_**Where is the property?** \_\_\_\_\_

Number Street

City

State

ZIP Code

**Is the property insured?**☐ No☐ Yes.

Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds?**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

**15. Estimated assets**

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☒ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☐ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor **Cowan Fitness North Round Rock LLC**  
Name

Case number (if known) \_\_\_\_\_

**16. Estimated liabilities**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                     | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000               | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000              | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures****WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **03/24/2025**  
MM/ DD/ YYYY**X****/s/ Gregory R. Cowan**

Signature of authorized representative of debtor

**Gregory R. Cowan**

Printed name

Title **Managing Member****18. Signature of attorney****X****/s/ Frank B Lyon**

Signature of attorney for debtor

Date **03/24/2025**

MM/ DD/ YYYY

**Frank B Lyon**

Printed name

**Frank B Lyon**

Firm name

**PO Box 50210**

Number Street

**Austin**

City

**TX**

State

**78763-0210**

ZIP Code

**(512) 345-8964**

Contact phone

**frank@franklyon.com**

Email address

**12739800**

Bar number

**TX**

State

Fill in this information to identify the case:

Debtor Name **Cowan Fitness North Round Rock LLC**United States Bankruptcy Court for the: **Western** District of **Texas**  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts** (Identify all)

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Horizon Bank****Checking account****9 4 8 3****\$33,094.00****4. Other cash equivalents** (Identify all)

4.1 \_\_\_\_\_

4.2 \_\_\_\_\_

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$33,094.00****Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes. Fill in the information below.

**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 **EI Poso Group, LLC****\$11,200.00**

Debtor **Cowan Fitness North Round Rock LLC** Case number (if known) \_\_\_\_\_

Name \_\_\_\_\_

## Description, including name of holder of prepayment

8.1 \_\_\_\_\_

8.2 \_\_\_\_\_

Add lines 7 through 8. Copy the total to line 81.

**\$11,200.00**

10. Does the debtor have any accounts receivable?

☒ No. Go to Part 4.

☐ Yes. Fill in the information below.

**Current value of debtor's interest**

11a. 90 days old or less: \_\_\_\_\_ - \_\_\_\_\_ = ..... ➡ \_\_\_\_\_  
 face amount                      doubtful or uncollectible accounts

11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ = ..... → \_\_\_\_\_  
 face amount                      doubtful or uncollectible accounts

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**13. Does the debtor own any investments?**

☒ No. Go to Part 5.

☐ Yes. Fill in the information below.

Valuation method used for current value

**Current value of debtor's interest**

Name of fund or stock:

14.1 \_\_\_\_\_

14.2 \_\_\_\_\_

Name of entity:	% of ownership:
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15.1. \_\_\_\_\_

15.2. \_\_\_\_\_

Describe:

Debtor **Cowan Fitness North Round Rock LLC** Case number (if known) \_\_\_\_\_  
 Name

16.1 \_\_\_\_\_  
 16.2 \_\_\_\_\_

17. **Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

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**Part 5:** Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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19. **Raw materials**

\_\_\_\_\_ MM / DD / YYYY \_\_\_\_\_

20. **Work in progress**

\_\_\_\_\_ MM / DD / YYYY \_\_\_\_\_

21. **Finished goods, including goods held for resale**

<u><b>Retail goods and heart monitors</b></u>	<u><b>03/16/2025</b></u>	<u><b>unknown</b></u>	<u><b>Cost</b></u>	<u><b>\$2,400.00</b></u>
	MM / DD / YYYY			

22. **Other inventory or supplies**

\_\_\_\_\_ MM / DD / YYYY \_\_\_\_\_

23. **Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

<b>\$2,400.00</b>
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24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

Debtor **Cowan Fitness North Round Rock LLC**  
 Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. <b>Crops—either planted or harvested</b>			
29. <b>Farm animals</b> <i>Examples:</i> Livestock, poultry, farm-raised fish			
30. <b>Farm machinery and equipment</b> (Other than titled motor vehicles)			
31. <b>Farm and fishing supplies, chemicals, and feed</b>			
32. <b>Other farming and fishing-related property not already listed in Part 6</b>			
33. <b>Total of Part 6</b> Add lines 28 through 32. Copy the total to line 85.			_____
34. <b>Is the debtor a member of an agricultural cooperative?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Is any of the debtor's property stored at the cooperative? <input type="checkbox"/> No <input type="checkbox"/> Yes			
35. <b>Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Book value _____ Valuation method _____ Current value _____			
36. <b>Is a depreciation schedule available for any of the property listed in Part 6?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
37. <b>Has any of the property listed in Part 6 been appraised by a professional within the last year?</b>			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Part 7: Office furniture, fixtures, and equipment; and collectibles</b>			
38. <b>Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?</b>			
<input type="checkbox"/> No. Go to Part 8. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b>			



Debtor Cowan Fitness North Round Rock LLC Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

	<u>(4) Office chairs @ \$25.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
40.	<u>Office fixtures</u>			
41.	<u>Office equipment, including all computer equipment and communication systems equipment and software</u>			
	<u>Laser Jet Printer</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
	<u>Miscellaneous Office Supplies</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$150.00</u>
	<u>(13) Freemotion Reflex Treadmills @ \$200.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$2,600.00</u>
	<u>(13) WaterRower machines @ \$100.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$1,300.00</u>
	<u>Keiser Strider Model #5600 PBC</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$150.00</u>
	<u>(2) Keiser Bike Model #5501 PBC @ \$100.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$200.00</u>
	<u>(13) TRX Straps @ \$50.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$650.00</u>
	<u>(13) Reebok Benches @ \$50.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$650.00</u>
	<u>80 lbs dumbbell set</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
	<u>70 lbs dumbbell set</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
	<u>60 lbs dumbbell set</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
	<u>55 lbs dumbbell set</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
	<u>50 lbs dumbbell set</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
	<u>45 lbs dumbbell</u>	<u>unknown</u>	<u>estimate</u>	<u>\$75.00</u>
	<u>(2) 40 lbs dumbbell set @ \$75.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$150.00</u>
	<u>(2) 35 lbs dumbbell set</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$150.00</u>
	<u>(2) 30 lbs dumbbell set @ \$50.00 each</u>	<u>unknown</u>		<u>\$100.00</u>
	<u>(2) 30 lbs dumbbell set # \$50.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$100.00</u>
	<u>(7) 25 lbs dumbbell sets @ \$25.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$175.00</u>
	<u>(7) 20 lbs dumbbell sets @ 25.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$175.00</u>
	<u>(7) 15 lbs dumbbell sets @ \$10.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$70.00</u>
	<u>(7) 12 lbs dumbbell sets @\$10.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$70.00</u>
	<u>(13) 10 lbs dumbbell sets @ \$10.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$130.00</u>
	<u>(13) 8 lbs dumbbell sets @ \$10.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$130.00</u>
	<u>(13) BOSU balls @ \$15.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$195.00</u>
	<u>(5) 40-50" TV's @ \$50.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$250.00</u>
	<u>(4) Dell desktop computers @ \$50.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$200.00</u>
	<u>Dell laptop computer</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$75.00</u>
	<u>(26) Orangetheory OT Beat Tables @ \$40.00 each</u>	<u>unknown</u>	<u>Estimate</u>	<u>\$1,040.00</u>

Debtor **Cowan Fitness North Round Rock LLC** Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1	_____	_____	_____	_____
42.2	_____	_____	_____	_____
42.3	_____	_____	_____	_____

43. **Total of Part 7**

Add lines 39 through 42. Copy the total to line 86.

**\$9,485.00**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 8:** Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
 (Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1	_____	_____	_____	_____
47.2	_____	_____	_____	_____
47.3	_____	_____	_____	_____
47.4	_____	_____	_____	_____

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1	_____	_____	_____	_____
48.2	_____	_____	_____	_____

49. **Aircraft and accessories**

49.1	_____	_____	_____	_____
49.2	_____	_____	_____	_____

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

Debtor **Cowan Fitness North Round Rock LLC**  
 Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

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52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9:** Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <b>Lease on fitness studio space /</b> 311 University Blvd Ste 100 Round Rock, TX 78665-1073	<u>Lease</u>	<u>unknown</u>		<u>\$1.00</u>

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

<b>\$1.00</b>
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57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10:** Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest

60. **Patents, copyrights, trademarks, and trade secrets**

Debtor **Cowan Fitness North Round Rock LLC**  
Name

Case number (if known) \_\_\_\_\_

## 61. Internet domain names and websites

\_\_\_\_\_

## 62. Licenses, franchises, and royalties

\_\_\_\_\_

## 63. Customer lists, mailing lists, or other compilations

Customer list	unknown	\$1.00
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## 64. Other intangibles, or intellectual property

\_\_\_\_\_

## 65. Goodwill

\_\_\_\_\_

## 66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89.

**\$1.00**

## 67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

## 68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

## 69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11:** All other assets

## 70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

**Current value of  
debtor's interest**

## 71. Notes receivable

Description (include name of obligor)

_____	_____	-	_____	= →	_____
	Total face amount		doubtful or uncollectible amount		

## 72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	_____
_____	Tax year _____	_____

Debtor **Cowan Fitness North Round Rock LLC**  
 Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

	Tax year _____	
<b>73. Interests in insurance policies or annuities</b>		
<u><b>Intrepid Ins Co Commercial CGL policy</b></u>		<u><b>\$1.00</b></u>
<u><b>Intrepid Ins Co. Business personal property &amp; income policies</b></u>		<u><b>\$1.00</b></u>
<b>74. Causes of action against third parties (whether or not a lawsuit has been filed)</b>		
_____		
<b>Nature of claim</b>	_____	
<b>Amount requested</b>	_____	
<b>75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims</b>		
_____		
<b>Nature of claim</b>	_____	
<b>Amount requested</b>	_____	
<b>76. Trusts, equitable or future interests in property</b>		
_____		
<b>77. Other property of any kind not already listed</b> <i>Examples: Season tickets, country club membership</i>		
_____		
_____		
<b>78. Total of Part 11</b>		<b>\$2.00</b>
Add lines 71 through 77. Copy the total to line 90.		
<b>79. Has any of the property listed in Part 11 been appraised by a professional within the last year?</b>		
<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes		

Debtor **Cowan Fitness North Round Rock LLC**  
 Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 12:** Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	<u>\$33,094.00</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$11,200.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	_____	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	_____	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$2,400.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	_____	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$9,485.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	_____	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> ..... →		<u>\$1.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$1.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$2.00</u>	
91. <b>Total.</b> <i>Add lines 80 through 90 for each column.</i> .....91a.	<u>\$56,182.00</u>	+ 91b. <u>\$1.00</u>
92. <b>Total of all property on Schedule A/B.</b> Lines 91a + 91b = 92. ....		<u>\$56,183.00</u>

Fill in this information to identify the case:

Debtor name

Cowan Fitness North Round Rock LLC

United States Bankruptcy Court for the:

Western

District of

Texas

(State)

Case number (if known):

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?
- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims		
2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.	Column A	Column B
	Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$691,842.91

Debtor **Cowan Fitness North Round Rock LLC**  
Name

Case number (if known) \_\_\_\_\_

**Part 1:** Additional Page

**Column A**

**Amount of claim**

Do not deduct the value of collateral.

**Column B**

**Value of collateral that supports this claim**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p><b>2.1</b> Creditor's name <b>First National Bank</b></p> <p>Creditor's mailing address <b>4140 E. State Street</b> <b>Hermitage, PA 16178</b></p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____</p> <p>Last 4 digits of account number <u>2</u> <u>1</u> <u>2</u> <u>5</u></p> <p>Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Specify each creditor, including this creditor, and its relative priority. <b><u>See continuation page.</u></b></p>	<p><b>Describe debtor's property that is subject to a lien</b> (13) Freemotion Reflex Treadmills @ \$200.00 each, (13) 10 lbs dumbbell sets @ \$10.00 each, (13) 8 lbs dumbbell sets @ \$10.00 each, (13) BOSU balls @ \$15.00 each, (13) Reebok Benches @ \$50.00 each, (13) TRX Straps @ \$50.00 each, (13) WaterRower machines @ \$100.00 each, (2) 30 lbs dumbbell set @ \$50.00 each, (2) 30 lbs dumbbell set @ \$50.00 each, (2) 35 lbs dumbbell set, (2) 40 lbs dumbbell set @ \$75.00 each, (2) Keiser Bike Model #5501 PBC @ \$100.00 each, (26) Orangetheory OT Beat Tables @ \$40.00 each, (4) Dell desktop computers @ \$50.00 each, (4) Office chairs @ \$25.00 each, (5) 40-50" TV's @ \$50.00 each, (7) 12 lbs dumbbell sets @ \$10.00 each, (7) 15 lbs dumbbell sets @ \$10.00 each, (7) 20 lbs dumbbell sets @ \$25.00 each, (7) 25 lbs dumbbell sets @ \$25.00 each, 45 lbs dumbbell, 50 lbs dumbbell set, 55 lbs dumbbell set, 60 lbs dumbbell set, 70 lbs dumbbell set, 80 lbs dumbbell set, Dell laptop computer, Keiser Strider Model #5600 PBC, Laser Jet Printer, Miscellaneous Office Supplies</p> <p><b>Describe the lien</b> <b><u>UCC-1 SBA loan for purchase</u></b></p> <p><b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p><b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p><b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p>	<p><b>\$191,842.91</b></p> <p><b>\$9,485.00</b></p>
---	---	---



Debtor **Cowan Fitness North Round Rock LLC**  
Name

Case number (if known) \_\_\_\_\_

## Part 1: Additional Page

## Column A

## Amount of claim

Do not deduct the value of collateral.

## Column B

Value of collateral that supports this claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

2.2	Creditor's name	Describe debtor's property that is subject to a lien	Amount of claim	Value of collateral that supports this claim
	<b>U.S. Small Business Administration</b>  <b>Creditor's mailing address</b> <b>10737 Gateway Blvd W Ste 300</b> <b>El Paso, TX 79935</b>  <b>Creditor's email address, if known</b>  <b>Date debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____  <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.  <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	<b>Describe the lien</b> <b>UCC-1 EIDL loan</b>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$500,000.00</b>	<b>\$9,485.00</b>

Debtor **Cowan Fitness North Round Rock LLC**  
Name

Case number (if known) \_\_\_\_\_

Part 1: Additional Page

**2.1 Creditor's name**

**First National Bank**

**Specify each creditor, including this creditor, and its relative priority.**

For (13) Freemotion Reflex Treadmills @ \$200.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (13) 10 lbs dumbbell sets @ \$10.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (13) 8 lbs dumbbell sets @ \$10.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (13) BOSU balls @ \$15.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (13) Reebok Benches @ \$50.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (13) TRX Straps @ \$50.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (13) WaterRower machines @ \$100.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (2) 30 lbs dumbbell set # \$50.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (2) 30 lbs dumbbell set @ \$50.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (2) 35 lbs dumbbell set: 1) First National Bank; 2) U.S. Small Business Administration; For (2) 40 lbs dumbbell set @ \$75.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (2) Keiser Bike Model #5501 PBC @ \$100.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (26) Orangetheory OT Beat Tables @ \$40.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (4) Dell desktop computers @ \$50.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (4) Office chairs @ \$25.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (5) 40-50" TV's @ \$50.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (7) 12 lbs dumbbell sets @ \$10.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (7) 15 lbs dumbbell sets @ \$10.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (7) 20 lbs dumbbell sets @ \$25.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For (7) 25 lbs dumbbell sets @ \$25.00 each: 1) First National Bank; 2) U.S. Small Business Administration; For 45 lbs dumbbell: 1) First National Bank; 2) U.S. Small Business Administration; For 50 lbs dumbbell set: 1) First National Bank; 2) U.S. Small Business Administration; For 55 lbs dumbbell set: 1) First National Bank; 2) U.S. Small Business Administration; For 60 lbs dumbbell set: 1) First National Bank; 2) U.S. Small Business Administration; For 70 lbs dumbbell set: 1) First National Bank; 2) U.S. Small Business Administration; For 80 lbs dumbbell set: 1) First National Bank; 2) U.S. Small Business Administration; For Dell laptop computer: 1) First National Bank; 2) U.S. Small Business Administration; For Keiser Strider Model #5600 PBC: 1) First National Bank; 2) U.S. Small Business Administration; For Laser Jet Printer: 1) First National Bank; 2) U.S. Small Business Administration; For Miscellaneous Office Supplies: 1) First National Bank; 2) U.S. Small Business Administration

Fill in this information to identify the case:

Debtor name Cowan Fitness North Round Rock LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507)☒ No. Go to Part 2.☐ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1**

Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Total claim

Priority amount

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) \_\_\_\_**2.2**

Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account  
number \_\_\_\_

Is the claim subject to offset?

- ☐ No  
☐ Yes

Specify Code subsection of PRIORITY unsecured  
claim: 11 U.S.C. § 507(a) \_\_\_\_

Debtor **Cowan Fitness North Round Rock LLC**  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
<b>3.1</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _ _ _ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  _____
<b>3.2</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _ _ _ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  _____
<b>3.3</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _ _ _ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  _____
<b>3.4</b>	<b>Nonpriority creditor's name and mailing address</b> _____ _____ _____  <b>Date or dates debt was incurred</b> _____ <b>Last 4 digits of account number</b> _ _ _ _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  _____

Debtor **Cowan Fitness North Round Rock LLC**  
Name

Case number (if known) \_\_\_\_\_

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a.

**\$0.00**5b. **Total claims from Part 2**

5b.

**+****\$0.00**5c. **Total of Parts 1 and 2**  
Lines 5a + 5b = 5c.

5c.

**\$0.00**

Fill in this information to identify the case:

Debtor name Cowan Fitness North Round Rock LLC

United States Bankruptcy Court for the:

Western District of TexasCase number (if known): \_\_\_\_\_ Chapter 11☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.**

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).**2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Commercial Space Lease</u>	<u>El Poso Group, LLC</u>
		<u>Contract to be ASSUMED</u>	<u>248 3rd Street Suite 833</u>
	State the term remaining	<u>38 months</u>	<u>Oakland, CA 94607-4375</u>
	List the contract number of any government contract	_____	
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Maintenance Service Agreement</u>	<u>HTS Texas</u>
		<u>Contract to be ASSUMED</u>	<u>2251 Picadilly Drive Suite B260</u>
	State the term remaining	<u>0 months</u>	<u>Round Rock, TX 78664</u>
	List the contract number of any government contract	_____	
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Franchise Agreement</u> <u>Orangetheory Fitness</u>	<u>Ultimate Fitness Group, LLC</u>
		<u>Contract to be ASSUMED</u>	<u>6000 Broken Sound Pkwy NW</u>
	State the term remaining	<u>13 months</u>	<u>Boca Raton, FL 33487</u>
	List the contract number of any government contract	_____	
2.4	State what the contract or lease is for and the nature of the debtor's interest	_____	_____
	State the term remaining	_____	_____
	List the contract number of any government contract	_____	_____

Fill in this information to identify the case:

Debtor name Cowan Fitness North Round Rock LLCUnited States Bankruptcy Court for the: Western District of Texas  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206H

## Schedule H: Codebtors

12/15

**Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>Cowan Fitness South Round Rock LLC</u>	<u>808 Shady Bluff Cove</u> Street  <u>Round Rock, TX 78668-5644</u> City State ZIP Code	<u>First National Bank</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2 <u>Cowan, Gregory Robert</u>	<u>808 Shady Bluff Cove</u> Street  <u>Round Rock, TX 78665</u> City State ZIP Code	<u>First National Bank</u>  <u>U.S. Small Business Administration</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3 <u>Cowan, Katherine Danneman</u>	<u>808 Shady Bluff Cove</u> Street  <u>Round Rock, TX 78665</u> City State ZIP Code	<u>First National Bank</u>  <u>U.S. Small Business Administration</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4 <u>Gregory Robert Cowan</u>	<u>808 Shady Bluff Cove</u> Street  <u>Round Rock, TX 78665</u> City State ZIP Code	<u>First National Bank</u>  <u>U.S. Small Business Administration</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Cowan Fitness North Round Rock LLC**  
Name

Case number (if known) \_\_\_\_\_

## Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.5 Katherine Danneman Cowan	808 Shady Bluff Cove Street  Round Rock, TX 78665 City State ZIP Code	First National Bank  U.S. Small Business Administration	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G <input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	Street  City State ZIP Code		<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G



Fill in this information to identify the case:

Debtor name Cowan Fitness North Round Rock LLC

United States Bankruptcy Court for the:

Western District of TexasCase number (if known): \_\_\_\_\_ Chapter 11☐ Check if this is an amended filing**Official Form 206Sum****Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1:** Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real Property:**Copy line 88 from *Schedule A/B*.....\$1.00**1b. Total personal property:**Copy line 91A from *Schedule A/B*.....\$56,182.00**1c. Total of all property:**Copy line 92 from *Schedule A/B*.....\$56,183.00**Part 2:** Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....\$691,842.91**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....\$0.00**3b. Total amount of claims of non-priority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....+ \$0.00**4. Total liabilities**.....

Lines 2 + 3a + 3b

\$691,842.91

Fill in this information to identify the case:

Debtor name Cowan Fitness North Round Rock LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue

Check all that apply

Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date  
MM/ DD/ YYYY☒ Operating a business\$135,659.00☐ Other \_\_\_\_\_

For prior year:

From 01/01/2024 to 12/31/2024  
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$848,851.78☐ Other \_\_\_\_\_

For the year before that:

From 01/01/2023 to 12/31/2023  
MM/ DD/ YYYY MM/ DD/ YYYY☒ Operating a business\$953,547.00☐ Other \_\_\_\_\_**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date  
MM/ DD/ YYYY

For prior year:

From 01/01/2024 to 12/31/2024  
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2023 to 12/31/2023  
MM/ DD/ YYYY MM/ DD/ YYYY

Name

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
<div>3.1. American Express</div> <div>Creditor's name</div> <div>PO Box 981540</div> <div>Street</div> <div>Attention:</div> <div>Correspondence/Bankruptcy</div> <div>El Paso, TX 79998</div> <div>CityStateZIP Code</div>	<div>Jan-Mar</div> <div>2025 total</div>	<div>\$18,708.41</div>	<div><input type="checkbox"/> Secured debt</div> <div><input type="checkbox"/> Unsecured loan repayments</div> <div><input checked="" type="checkbox"/> Suppliers or vendors</div> <div><input type="checkbox"/> Services</div> <div><input type="checkbox"/> Other</div>
<div>3.2. El Poso Group, LLC</div> <div>Creditor's name</div> <div>311 University Blvd</div> <div>Street</div> <div>Round Rock, TX 78665-1072</div> <div>CityStateZIP Code</div>	<div>01/05/2025</div> <div>02/02/2025</div> <div>03/02/2025</div>	<div>\$48,672.77</div>	<div><input type="checkbox"/> Secured debt</div> <div><input type="checkbox"/> Unsecured loan repayments</div> <div><input type="checkbox"/> Suppliers or vendors</div> <div><input type="checkbox"/> Services</div> <div><input checked="" type="checkbox"/> Other Rent</div>

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
<div>4.1. Greg Cowan</div> <div>Creditor's name</div> <div>808 Shady Bluff Cove</div> <div>Street</div> <div>Round Rock, TX 78665</div> <div>CityStateZIP Code</div> <div>Relationship to debtor</div> <div>Managing Member</div>	<div>01/02/2024</div> <div>01/08/2024</div> <div>02/02/2024</div> <div>02/16/2024</div> <div>03/01/2024</div> <div>03/18/2024</div> <div>04/03/2024</div> <div>04/18/2024</div> <div>05/03/2024</div>	<div>\$31,628.59</div>	<div>Salary - Expense Reimbursement</div>

Cowan Fitness North Round Rock LLC

Name

05/17/2024

06/04/2024

06/17/2024

07/03/2024

07/17/2024

08/02/2024

08/19/2024

09/04/2024

09/18/2024

10/03/2024

10/18/2024

11/04/2024

11/19/2024

12/03/2024

12/18/2024

01/02/2024

01/18/2024

02/02/2024

02/16/2024

03/01/2024

03/18/2024

04/03/2024

04/18/2024

05/03/2024

05/17/2024

06/04/2024

06/17/2024

07/03/2024

07/17/2024

08/02/2024

08/19/2024

4.2. Kathy Cowan

Creditor's name

808 Shady Bluff Cove

Street

Round Rock, TX 78665

City

State

ZIP Code

Relationship to debtor

Member - Manager

\$26,750.00

Salary

Name

09/04/2024

09/18/2024

10/03/2024

10/18/2024

11/04/2024

11/19/2024

12/03/2024

12/18/2024

4.3. Austin Telco Federal Credit Union 03/20/2024 \$7,927.53 Payment on 2019 Jeep Cherokee

Creditor's name

8929 Shoal Creek Rd

Street

04/20/2024

05/20/2024

Austin, TX 78757

City State ZIP Code

06/20/2024

Relationship to debtor

07/20/2024

Owner

08/20/2024

09/20/2024

10/20/2024

11/20/2024

12/20/2024

01/20/2025

02/20/2025

03/20/2025

4.4.   \$313.61 Supplement Vitamin IV

Creditor's name

Street

City State ZIP Code

Relationship to debtor

Owner

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
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5.1.

Creditor's name

Street

CityStateZIP Code

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

6.1.

Creditor's name

Street

CityStateZIP Code

XXXX- \_ \_ \_ \_

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

7.1.

Case title	Nature of case	Court or agency's name and address	Status of case
<div>Case number</div>		<div>Name</div> <div>Street</div> <div>CityStateZIP Code</div>	<div><input type="checkbox"/> Pending</div> <div><input type="checkbox"/> On appeal</div> <div><input type="checkbox"/> Concluded</div>

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1. **Custodian's name and address** **Description of the property** **Value**

\_\_\_\_\_  
 Custodian's name

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 City State ZIP Code

\_\_\_\_\_  
 Case title

\_\_\_\_\_  
 Court name and address

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Case number

\_\_\_\_\_  
 Street

\_\_\_\_\_  
 Date of order or assignment

\_\_\_\_\_  
 City State ZIP Code

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

9.1. **Recipient's name and address** **Description of the gifts or contributions** **Dates given** **Value**

**Cystic Fibrosis Foundation** **Charitable Contribution** **04/03/2023** **\$500.00**

\_\_\_\_\_  
 Recipient's name

**6931 Arlington Road Suite 200**  
 Street

\_\_\_\_\_  
**Bethesda, MD 20814**  
 City State ZIP Code

**Recipient's relationship to debtor**

**None**

9.2. **Recipient's name and address** **Description of the gifts or contributions** **Dates given** **Value**

**Hernandez Middle School Color Games** **Charitable Contributions** **05/14/2023** **\$103.00**

\_\_\_\_\_  
 Recipient's name

**5212 Crystal Water Drive**  
 Street

\_\_\_\_\_  
**Austin, TX 78735-6341**  
 City State ZIP Code

**Recipient's relationship to debtor**

**None**

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Name

**Description of the property lost and how the loss occurred**

**Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (*Schedule A/B: Assets – Real and Personal Property*).

**Date of loss**

**Value of property lost**

10.1.

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
<b>Frank B Lyon</b>	<b>Attorney's Fee</b>	<b>3/24/2025</b>	<b>\$0.00</b>
<b>Address</b>			
<b>PO Box 50210</b>			
Street			
<b>Austin, TX 78763-0210</b>			
City State ZIP Code			
<b>Email or website address</b>			
<b>Who made the payment, if not debtor?</b>			

11.2.

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
<b>Frank B Lyon</b>	<b>Retainer</b>	<b>12/27/2024</b>	<b>\$2,500.00</b>
<b>Address</b>			
<b>Retainer</b>			
<b>3/2/2025</b>			
<b>\$7,500.00</b>			
<b>PO Box 50210</b>			
<b>Filing fee</b>			
<b>3/12/2025</b>			
<b>\$1,738.00</b>			
<b>Retainer</b>			
<b>3/13/2025</b>			
<b>\$2,306.00</b>			
<b>Austin, TX 78763</b>			
City State ZIP Code			
<b>Email or website address</b>			
<b>Who made the payment, if not debtor?</b>			
<b>Debtor</b>			



12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	Address			
	Street			
	City	State	ZIP Code	
	Relationship to debtor			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

14.1.	Address	Dates of occupancy
	Street	From To
	City	State ZIP Code

Name \_\_\_\_\_

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
 —diagnosing or treating injury, deformity, or disease, or  
 —providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name	_____	_____
_____ Street	Location where patient records are maintained(if different from facility address). If electronic, identify any service provider.	How are records kept?  Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
City State ZIP Code		

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes. State the nature of the information collected and retained. Credit card information

Does the debtor have a privacy policy about that information?

☒ No

☐ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: _ _ - _ _ _ _ _
Has the plan been terminated?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

Name \_\_\_\_\_

Case number (if known)

☐ Checking

☐ Savings

☐ Money market

☐ Brokerage

☐ Other

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
	Name			<input type="checkbox"/> No
	Street			<input type="checkbox"/> Yes
		Address		
	City State ZIP Code			

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

20.1

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<b>Forest Creek Mini Storage</b> Name <b>1901 Red Bud Lane</b> Street  <b>Round Rock, TX 78665</b> City State ZIP Code	_____ _____ _____ <div>Address</div> _____ _____ _____	<del>Decorations for Studies (no value)</del> <del>Ceiling Tiles \$250.00 One Used</del> <del>Treadmill (\$100) One used Rowing</del> <del>Machine (\$50) Ten used medicine</del> <del>balls (\$50) 20 used ab dollies</del> (\$100) Totes with prior years event t-shirts - 100 t-shirts @ \$2.00 each (\$200) General marketing items	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11:** Property the Debtor Holds or Controls That the Debtor Does Not Own Storage shelving Rower parts

(\$125) 4 used weight room

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address			Location of the property	Description of the property	Value
Name					
Street					
City State ZIP Code					

Name \_\_\_\_\_

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____	_____	_____	<input type="checkbox"/> Pending
<b>Case number</b>	Name _____	_____	<input type="checkbox"/> On appeal
_____	Street _____	_____	<input type="checkbox"/> Concluded
_____	_____	_____	
_____	City State ZIP Code _____	_____	

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____	_____	_____	_____
Name _____	Name _____	_____	
Street _____	Street _____	_____	
_____	_____	_____	
City State ZIP Code _____	City State ZIP Code _____	_____	

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____	_____	_____	_____
Name _____	Name _____	_____	
Street _____	Street _____	_____	
_____	_____	_____	
City State ZIP Code _____	City State ZIP Code _____	_____	

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1.		EIN: _____
Name		Dates business existed
Street		From _____ To _____
City State ZIP Code		

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. Anita's Accounting Solutions, PLLC	From 2015 To 12/2023
Name	
PO Box 18023	
Street	
Tampa, FL 33679	
City State ZIP Code	
Name and address	Dates of service
26a.2. Ceterus	From 01/2024 To present
Name	
4900 O'Hear Avenue Suite 100 PMB 125	
Street	
North Charleston, SC 29405	
City State ZIP Code	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1.	From _____ To _____
Name	
Street	
City State ZIP Code	

Name

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address

If any books of account and records are unavailable, explain why

26c.1.

**Gregory Robert Cowan**

Name

**808 Shady Bluff Cove**

Street

**Round Rock, TX 78665**

City

State

ZIP Code

Name and address

If any books of account and records are unavailable, explain why

26c.2.

**Katherine Danneman Cowan**

Name

**808 Shady Bluff Cove**

Street

**Round Rock, TX 78665**

City

State

ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address

26d.1.

**First National Bank**

Name

**4140 E. State Street**

Street

**Hermitage, PA 16178**

City

State

ZIP Code

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

**Jess Dotson**

**3/16/2025**

**\$2,600.00**

Name and address of the person who has possession of inventory records

27.1.

**Gregory Robert Cowan**

Name

**808 Shady Bluff Cove**

Street

**Round Rock, TX 78665**

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
<u>Gregory Cowan</u>	<u>808 Shady Bluff Cove Round Rock, TX 78665</u>	<u>Managing Member, membership interest</u>	<u>50.00%</u>
<u>Katherine Cowan</u>	<u>808 Shady Bluff Cove Round Rock, TX 78665</u>	<u>Manager, membership interest</u>	<u>50.00%</u>

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From _____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. <u>Greg Cowan</u>	<u>\$1,992.72</u>	<u>01/02/2024</u>	<u>Salary - Reimbursed Expenses</u>
Name	<u>\$1,250.00</u>	<u>01/18/2024</u>	
<u>808 Shady Bluff Cove</u>	<u>\$1,992.72</u>	<u>02/02/2024</u>	
Street	<u>\$1,250.00</u>	<u>02/16/2024</u>	
<u>Round Rock, TX 78665</u>	<u>\$1,992.72</u>	<u>03/01/2024</u>	
City State ZIP Code	<u>\$1,250.00</u>	<u>03/18/2024</u>	
Relationship to debtor	<u>\$2,243.00</u>	<u>04/03/2024</u>	
<u>Managing Member</u>	<u>\$1,250.00</u>	<u>04/18/2024</u>	
	<u>\$1,400.00</u>	<u>05/03/2024</u>	
	<u>\$1,250.00</u>	<u>05/17/2024</u>	
	<u>\$1,400.00</u>	<u>06/04/2024</u>	
	<u>\$1,250.00</u>	<u>06/17/2024</u>	
	<u>\$1,400.00</u>	<u>07/03/2024</u>	
	<u>\$1,250.00</u>	<u>07/17/2024</u>	
	<u>\$1,400.00</u>	<u>08/02/2024</u>	
	<u>\$1,327.43</u>	<u>08/19/2024</u>	
	<u>\$1,400.00</u>	<u>09/04/2024</u>	
	<u>\$750.00</u>	<u>09/18/2024</u>	
	<u>\$900.00</u>	<u>10/03/2024</u>	

Name

\$750.00 10/18/2024

\$900.00 11/04/2024

\$750.00 11/19/2024

\$900.00 12/03/2024

\$1,380.00 12/18/2024

Name and address of recipient

Amount of money or description  
and value of property

Dates

Reason for providing  
the value

30.2. **Kathy Cowan**

Name

**808 Shady Bluff Cove**

Street

**Round Rock, TX 78665**

City

State

ZIP Code

\$1,250.00 01/02/2024

Salary

\$1,250.00 01/18/2024

\$1,250.00 02/02/2024

\$1,250.00 02/16/2024

\$1,250.00 03/01/2024

\$1,250.00 03/18/2024

Relationship to debtor

**Member/Manager**

\$1,500.00 04/03/2025

\$1,250.00 04/18/2024

\$1,250.00 04/18/2024

\$1,250.00 05/03/2024

\$1,250.00 05/17/2024

\$1,250.00 06/04/2024

\$1,250.00 07/03/2024

\$1,250.00 07/17/2024

\$1,250.00 08/02/2024

\$1,250.00 08/19/2024

\$1,250.00 09/04/2024

\$750.00 09/18/2024

\$750.00 10/03/2024

\$750.00 10/18/2024

\$750.00 11/04/2024

\$750.00 11/19/2024

\$750.00 12/03/2024

\$750.00 12/18/2024

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: \_ \_ - \_ \_ \_ \_ \_



Name

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: \_ \_ - \_ \_ \_ \_ \_

**Part 14:** Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 03/24/2025  
MM/ DD/ YYYY

**X** /s/ Gregory R. Cowan  
Signature of individual signing on behalf of the debtor

Printed name Gregory R. Cowan

Position or relationship to debtor Managing Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

Fill in this information to identify the case:

Debtor name Cowan Fitness North Round Rock LLC

United States Bankruptcy Court for the:

Western District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	U.S. Small Business Administration 10737 Gateway Blvd W Ste 300 El Paso, TX 79935		UCC-1 EIDL loan		\$500,000.00	\$9,485.00	\$500,000.00
2	First National Bank 4140 E. State Street Hermitage, PA 16178		UCC-1 SBA loan for purchase		\$191,842.91	\$9,485.00	\$182,357.91
3							
4							
5							
6							
7							
8							

Debtor **Cowan Fitness North Round Rock LLC**

Case number (if known) \_\_\_\_\_

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

**IN THE UNITED STATES BANKRUPTCY COURT  
WESTERN DISTRICT OF TEXAS  
AUSTIN DIVISION**

IN RE: **Cowan Fitness North Round Rock LLC**

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **03/24/2025**

Signature **/s/ Gregory R. Cowan**  
Gregory R. Cowan, Managing Member

Cowan Fitness South Round  
Rock LLC  
808 Shady Bluff Cove  
Round Rock, TX 78668-5644

Gregory Robert Cowan  
808 Shady Bluff Cove  
Round Rock, TX 78665

Katherine Danneman Cowan  
808 Shady Bluff Cove  
Round Rock, TX 78665

El Poso Group, LLC  
248 3rd Street Suite 833  
Oakland, CA 94607-4375

First National Bank  
4140 E. State Street  
Hermitage, PA 16178

Gregory Robert Cowan  
808 Shady Bluff Cove  
Round Rock, TX 78665

HTS Texas  
2251 Picadilly Drive Suite B260  
Round Rock, TX 78664

Katherine Danneman Cowan  
808 Shady Bluff Cove  
Round Rock, TX 78665

U.S. Small Business  
Administration  
10737 Gateway Blvd W Ste 300  
El Paso, TX 79935

Ultimate Fitness Group, LLC  
6000 Broken Sound Pkwy NW  
Boca Raton, FL 33487

Form **7004**

(Rev. December 2018)

Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File Certain  
Business Income Tax, Information, and Other Returns**► **File a separate application for each return.**► **Go to [www.irs.gov/Form7004](http://www.irs.gov/Form7004) for instructions and the latest information.**

OMB No. 1545-0233

**Print  
or  
Type**

Name

**COWAN FITNESS NORTH ROUND ROCK LLC**

Identifying number

**47-5553255**

Number, street, and room or suite no. (If P.O. box, see instructions.)

**808 SHADY BLUFF COVE**

City, town, state, and ZIP code (If a foreign address, enter city, province or state, and country (follow the country's practice for entering postal code).)

**ROUND ROCK****TX 78665****Note:** File request for extension by the due date of the return. See instructions before completing this form.**Part I Automatic Extension for Certain Business Income Tax, Information, and Other Returns.** See instructions.**1** Enter the form code for the return listed below that this application is for **25**

Application Is For:	Form Code	Application Is For:	Form Code
Form 706-GS(D)	<b>01</b>	Form 1120-ND (section 4951 taxes)	<b>20</b>
Form 706-GS(T)	<b>02</b>	Form 1120-PC	<b>21</b>
Form 1041 (bankruptcy estate only)	<b>03</b>	Form 1120-POL	<b>22</b>
Form 1041 (estate other than a bankruptcy estate)	<b>04</b>	Form 1120-REIT	<b>23</b>
Form 1041 (trust)	<b>05</b>	Form 1120-RIC	<b>24</b>
Form 1041-N	<b>06</b>	Form 1120S	<b>25</b>
Form 1041-QFT	<b>07</b>	Form 1120-SF	<b>26</b>
Form 1042	<b>08</b>	Form 3520-A	<b>27</b>
Form 1065	<b>09</b>	Form 8612	<b>28</b>
Form 1066	<b>11</b>	Form 8613	<b>29</b>
Form 1120	<b>12</b>	Form 8725	<b>30</b>
Form 1120-C	<b>34</b>	Form 8804	<b>31</b>
Form 1120-F	<b>15</b>	Form 8831	<b>32</b>
Form 1120-FSC	<b>16</b>	Form 8876	<b>33</b>
Form 1120-H	<b>17</b>	Form 8924	<b>35</b>
Form 1120-L	<b>18</b>	Form 8928	<b>36</b>
Form 1120-ND	<b>19</b>		

**Part II All Filers Must Complete This Part**

- 2** If the organization is a foreign corporation that does not have an office or place of business in the United States, check here ☐
- 3** If the organization is a corporation and is the common parent of a group that intends to file a consolidated return, check here ☐  
If checked, attach a statement listing the name, address, and employer identification number (EIN) for each member covered by this application.
- 4** If the organization is a corporation or partnership that qualifies under Regulations section 1.6081-5, check here ☐
- 5a** The application is for calendar year 20 **23**, or tax year beginning , and ending .
- b Short tax year.** If this tax year is less than 12 months, check the reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period ☐ Consolidated return to be filed ☐ Other (See instructions—attach explanation.)

<b>6</b> Tentative total tax	<b>6</b>	<b>0</b>
<b>7</b> Total payments and credits. See instructions	<b>7</b>	<b>0</b>
<b>8</b> Balance due. Subtract line 7 from line 6. See instructions	<b>8</b>	<b>0</b>

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form **7004** (Rev. 12-2018)

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Form <b>1120-S</b> Department of the Treasury Internal Revenue Service		<b>U.S. Income Tax Return for an S Corporation</b> <small>Do not file this form unless the corporation has filed or is attaching Form 2553 to elect to be an S corporation. Go to <a href="http://www.irs.gov/Form1120S">www.irs.gov/Form1120S</a> for instructions and the latest information.</small>		OMB No. 1545-0123 <b>2023</b>				
For calendar year 2023 or tax year beginning _____, ending _____								
A S election effective date <b>01/01/16</b>		<b>TYPE</b>  <b>OR</b>  <b>PRINT</b>		D Employer identification number <b>47-5553255</b>				
B Business activity code number (see instructions) <b>812990</b>				E Date incorporated <b>01/01/2016</b>				
C Check if Sch. M-3 attached <input type="checkbox"/>				F Total assets (see instructions)  \$ <b>279,465</b>				
Name <b>COWAN FITNESS NORTH ROUND ROCK LLC</b>								
Number, street, and room or suite no. If a P.O. box, see instructions. <b>808 SHADY BLUFF COVE</b>								
City or town, state or province, country, and ZIP or foreign postal code <b>ROUND ROCK TX 78665</b>								
G Is the corporation electing to be an S corporation beginning with this tax year? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No								
H Check if: (1) <input type="checkbox"/> Final return (2) <input type="checkbox"/> Name change (3) <input type="checkbox"/> Address change (4) <input checked="" type="checkbox"/> Amended return (5) <input type="checkbox"/> S election termination								
I Enter the number of shareholders who were shareholders during any part of the tax year <b>STMT 1</b> <span style="float: right;"><b>2</b></span>								
J Check if corporation: (1) <input type="checkbox"/> Aggregated activities for section 465 at-risk purposes (2) <input type="checkbox"/> Grouped activities for section 469 passive activity purposes								
<b>Caution:</b> Include <u>only</u> trade or business income and expenses on lines 1a through 22. See the instructions for more information.								
Income	1a	Gross receipts or sales	<b>972,754</b>	b Less Returns and allowances		c Balance	1c	<b>972,754</b>
	2	Cost of goods sold (attach Form 1125-A)					2	<b>19,207</b>
	3	Gross profit. Subtract line 2 from line 1c					3	<b>953,547</b>
	4	Net gain (loss) from Form 4797, line 17 (attach Form 4797)					4	
	5	Other income (loss) (see instructions—attach statement)					5	
	6	<b>Total income (loss).</b> Add lines 3 through 5					6	<b>953,547</b>
Deductions (see instructions for limitations)	7	Compensation of officers (see instructions—attach Form 1125-E)					7	<b>60,000</b>
	8	Salaries and wages (less employment credits)					8	<b>310,663</b>
	9	Repairs and maintenance					9	<b>16,168</b>
	10	Bad debts					10	
	11	Rents					11	<b>192,457</b>
	12	Taxes and licenses					12	<b>3,288</b>
	13	Interest (see instructions)					13	<b>57,615</b>
	14	Depreciation from Form 4562 not claimed on Form 1125-A or elsewhere on return (attach Form 4562)					14	<b>16,772</b>
	15	Depletion ( <b>Do not deduct oil and gas depletion.</b> )					15	
	16	Advertising					16	<b>74,070</b>
	17	Pension, profit-sharing, etc., plans					17	
	18	Employee benefit programs					18	<b>143</b>
	19	Energy efficient commercial buildings deduction (attach Form 7205)					19	
	20	Other deductions (attach statement) <b>SEE STMT 2</b>					20	<b>245,130</b>
21	<b>Total deductions.</b> Add lines 7 through 20					21	<b>976,306</b>	
22	<b>Ordinary business income (loss).</b> Subtract line 21 from line 6					22	<b>-22,759</b>	
Tax and Payments	23a	Excess net passive income or LIFO recapture tax (see instructions)				23a		
	b	Tax from Schedule D (Form 1120-S)				23b		
	c	Add lines 23a and 23b (see instructions for additional taxes)				23c		
	24a	Current year's estimated tax payments & preceding year's overpayment credited to the current year				24a		
	b	Tax deposited with Form 7004				24b		
	c	Credit for federal tax paid on fuels (attach Form 4136)				24c		
	d	Elective payment election amount from Form 3800				24d		
	z	Add lines 24a through 24d				24z		
	25	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>				25		
	26	<b>Amount owed.</b> If line 24z is smaller than the total of lines 23c and 25, enter amount owed				26		
	27	<b>Overpayment.</b> If line 24z is larger than the total of lines 23c and 25, enter amount overpaid				27		
	28	Enter amount from line 27: <b>Credited to 2024 estimated tax</b> <span style="float: right;"><b>Refunded</b></span>				28		
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.					May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Signature of officer <b>GREGORY COWAN</b>		Date		Title <b>PRESIDENT</b>				
Paid Preparer Use Only	Print/Type preparer's name <b>KEVIN J. WERKMAN, CPA</b>		Preparer's signature <b>KEVIN J. WERKMAN, CPA</b>		Date <b>08/07/24</b>	Check <input type="checkbox"/> if self-employed PTIN <b>[REDACTED]</b>		
	Firm's name <b>CETERUS INC.</b>				Firm's EIN <b>[REDACTED]</b>			
	Firm's address <b>P.O. BOX 2680 PORTAGE, MI 49081</b>				Phone no. <b>269-544-0322</b>			

For Paperwork Reduction Act Notice, see separate instructions.

Form **1120-S** (2023)



1	Check accounting method:	a <input type="checkbox"/> Cash	b <input checked="" type="checkbox"/> Accrual	Yes	No
		c <input type="checkbox"/> Other (specify) .....			
2	See the instructions and enter the:				
	a Business activity	PERSONAL SERVICES			
	b Product or service	FITNESS CENTER			
3	At any time during the tax year, was any shareholder of the corporation a disregarded entity, a trust, an estate, or a nominee or similar person? If "Yes," attach Schedule B-1, Information on Certain Shareholders of an S Corporation .....				X
4	At the end of the tax year, did the corporation:				
	a Own directly 20% or more, or own, directly or indirectly, 50% or more of the total stock issued and outstanding of any foreign or domestic corporation? For rules of constructive ownership, see instructions. If "Yes," complete (i) through (v) below .....				X

(i) Name of Corporation	(ii) Employer Identification Number (if any)	(iii) Country of Incorporation	(iv) Percentage of Stock Owned	(v) If Percentage in (iv) Is 100%, Enter the Date (if applicable) a Qualified Subchapter S Subsidiary Election Was Made

	X

(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity	(iv) Country of Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital

	<b>X</b>
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	<b>X</b>
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	<b>X</b>
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Form 1120-S (2023) **COWAN FITNESS NORTH ROUND ROCK LLC 47-5553255**

Page 3

**Schedule B Other Information** (see instructions) (continued)

	Yes	No
<b>12</b> During the tax year, did the corporation have any non-shareholder debt that was canceled, was forgiven, or had the terms modified so as to reduce the principal amount of the debt? .....		<b>X</b>
If "Yes," enter the amount of principal reduction .....		
<b>13</b> During the tax year, was a qualified subchapter S subsidiary election terminated or revoked? If "Yes," see instructions .....		<b>X</b>
<b>14a</b> Did the corporation make any payments in 2023 that would require it to file Form(s) 1099? .....	<b>X</b>	
<b>b</b> If "Yes," did or will the corporation file required Form(s) 1099? .....	<b>X</b>	
<b>15</b> Is the corporation attaching Form 8996 to certify as a Qualified Opportunity Fund? .....		<b>X</b>
If "Yes," enter the amount from Form 8996, line 15 .....		
<b>16</b> At any time during the tax year, did the corporation: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? See instructions .....		<b>X</b>

**Schedule K Shareholders' Pro Rata Share Items**

	Total amount
<b>Income (Loss)</b>	
<b>1</b> Ordinary business income (loss) (page 1, line 22) .....	<b>1</b> -22,759
<b>2</b> Net rental real estate income (loss) (attach Form 8825) .....	<b>2</b>
<b>3a</b> Other gross rental income (loss) .....	<b>3a</b>
<b>b</b> Expenses from other rental activities (attach statement) .....	<b>3b</b>
<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a .....	<b>3c</b>
<b>4</b> Interest income .....	<b>4</b>
<b>5</b> Dividends: <b>a</b> Ordinary dividends .....	<b>5a</b>
<b>b</b> Qualified dividends .....	<b>5b</b>
<b>6</b> Royalties .....	<b>6</b>
<b>7</b> Net short-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....	<b>7</b>
<b>8a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1120-S)) .....	<b>8a</b>
<b>b</b> Collectibles (28%) gain (loss) .....	<b>8b</b>
<b>c</b> Unrecaptured section 1250 gain (attach statement) .....	<b>8c</b>
<b>9</b> Net section 1231 gain (loss) (attach Form 4797) .....	<b>9</b>
<b>10</b> Other income (loss) (see instructions) Type: .....	<b>10</b>
<b>Deductions</b>	
<b>11</b> Section 179 deduction (attach Form 4562) .....	<b>11</b>
<b>12a</b> Charitable contributions .....	<b>12a</b>
<b>b</b> Investment interest expense .....	<b>12b</b>
<b>c</b> Section 59(e)(2) expenditures Type: .....	<b>12c</b>
<b>d</b> Other deductions (see instructions) Type: .....	<b>12d</b>
<b>Credits</b>	
<b>13a</b> Low-income housing credit (section 42(j)(5)) .....	<b>13a</b>
<b>b</b> Low-income housing credit (other) .....	<b>13b</b>
<b>c</b> Qualified rehabilitation expenditures (rental real estate) (attach Form 3468, if applicable) .....	<b>13c</b>
<b>d</b> Other rental real estate credits (see instructions) Type: .....	<b>13d</b>
<b>e</b> Other rental credits (see instructions) Type: .....	<b>13e</b>
<b>f</b> Biofuel producer credit (attach Form 6478) .....	<b>13f</b>
<b>g</b> Other credits (see instructions) Type: .....	<b>13g</b>
<b>Inter-national</b>	
<b>14</b> Attach Schedule K-2 (Form 1120-S), Shareholders' Pro Rata Share Items—International, and check this box to indicate you are reporting items of international tax relevance <input checked="" type="checkbox"/> .....	
<b>Alternative Minimum Tax (AMT) Items</b>	
<b>15a</b> Post-1986 depreciation adjustment .....	<b>15a</b>
<b>b</b> Adjusted gain or loss .....	<b>15b</b>
<b>c</b> Depletion (other than oil and gas) .....	<b>15c</b>
<b>d</b> Oil, gas, and geothermal properties – gross income .....	<b>15d</b>
<b>e</b> Oil, gas, and geothermal properties – deductions .....	<b>15e</b>
<b>f</b> Other AMT items (attach statement) .....	<b>15f</b>
<b>Items Affecting Shareholder Basis</b>	
<b>16a</b> Tax-exempt interest income .....	<b>16a</b>
<b>b</b> Other tax-exempt income .....	<b>16b</b>
<b>c</b> Nondeductible expenses .....	<b>16c</b>
<b>d</b> Distributions (attach statement if required) (see instructions) .....	<b>16d</b> 7,281
<b>e</b> Repayment of loans from shareholders .....	<b>16e</b> 106,519
<b>f</b> Foreign taxes paid or accrued .....	<b>16f</b>

Form **1120-S** (2023)

Form 1120-S (2023) **COWAN FITNESS NORTH ROUND ROCK LLC 47-5553255**Page **4**

<b>Schedule K Shareholders' Pro Rata Share Items (continued)</b>		<b>Total amount</b>	
<b>Other Information</b>	<b>17a</b> Investment income .....	<b>17a</b>	
	<b>b</b> Investment expenses .....	<b>17b</b>	
	<b>c</b> Dividend distributions paid from accumulated earnings and profits .....	<b>17c</b>	
	<b>d</b> Other items and amounts (attach statement) ..... <b>SEE STATEMENT 3</b>		
<b>Reconciliation</b>	<b>18</b> <b>Income (loss) reconciliation.</b> Combine the total amounts on lines 1 through 10. From the result, subtract the sum of the amounts on lines 11 through 12d and 16f .....	<b>18</b>	<b>-22,759</b>

<b>Schedule L Balance Sheets per Books</b>		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
<b>Assets</b>					
<b>1</b>	Cash .....		<b>216,524</b>		<b>48,624</b>
<b>2a</b>	Trade notes and accounts receivable .....	<b>9,451</b>		<b>0</b>	
<b>b</b>	Less allowance for bad debts .....	( <b>0</b> )	<b>9,451</b> ( <b>0</b> )		<b>0</b>
<b>3</b>	Inventories .....		<b>10,841</b>		<b>18,763</b>
<b>4</b>	U.S. government obligations .....				
<b>5</b>	Tax-exempt securities (see instructions) .....				
<b>6</b>	Other current assets (attach statement) <b>STMT 4</b> .....		<b>69,257</b>		<b>27,655</b>
<b>7</b>	Loans to shareholders .....				
<b>8</b>	Mortgage and real estate loans .....				
<b>9</b>	Other investments (attach statement) .....				
<b>10a</b>	Buildings and other depreciable assets .....	<b>469,592</b>		<b>479,870</b>	
<b>b</b>	Less accumulated depreciation .....	( <b>408,315</b> )	<b>61,277</b> ( <b>425,087</b> )		<b>54,783</b>
<b>11a</b>	Depletable assets .....				
<b>b</b>	Less accumulated depletion .....	( )	( )		
<b>12</b>	Land (net of any amortization) .....				
<b>13a</b>	Intangible assets (amortizable only) .....	<b>321,105</b>		<b>321,106</b>	
<b>b</b>	Less accumulated amortization .....	( <b>185,227</b> )	<b>135,878</b> ( <b>202,666</b> )		<b>118,440</b>
<b>14</b>	Other assets (attach statement) <b>STMT 5</b> .....		<b>11,264</b>		<b>11,200</b>
<b>15</b>	<b>Total assets</b> .....		<b>514,492</b>		<b>279,465</b>
<b>Liabilities and Shareholders' Equity</b>					
<b>16</b>	Accounts payable .....		<b>2,829</b>		<b>1,904</b>
<b>17</b>	Mortgages, notes, bonds payable in less than 1 year .....		<b>79,253</b>		<b>0</b>
<b>18</b>	Other current liabilities (attach statement) <b>STMT 6</b> .....		<b>29,410</b>		<b>11,442</b>
<b>19</b>	Loans from shareholders .....		<b>106,519</b>		<b>0</b>
<b>20</b>	Mortgages, notes, bonds payable in 1 year or more .....		<b>739,014</b>		<b>738,692</b>
<b>21</b>	Other liabilities (attach statement) .....				
<b>22</b>	Capital stock .....				
<b>23</b>	Additional paid-in capital .....				
<b>24</b>	Retained earnings .....		<b>-442,533</b>		<b>-472,573</b>
<b>25</b>	Adjustments to shareholders' equity (attach statement) .....				
<b>26</b>	Less cost of treasury stock .....	( )	( )	( )	( )
<b>27</b>	<b>Total liabilities and shareholders' equity</b> .....		<b>514,492</b>		<b>279,465</b>

Form **1120-S** (2023)

Form 1120-S (2023) **COWAN FITNESS NORTH ROUND ROCK LLC 47-5553255**

Page 5

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return****Note:** The corporation may be required to file Schedule M-3. See instructions.

<b>1</b> Net income (loss) per books .....	<b>-22,759</b>	<b>5</b> Income recorded on books this year not included on Schedule K, lines 1 through 10 (itemize):	
<b>2</b> Income included on Schedule K, lines 1, 2, 3c, 4, 5a, 6, 7, 8a, 9, and 10, not recorded on books this year (itemize): .....		<b>a</b> Tax-exempt interest \$ .....	
<b>3</b> Expenses recorded on books this year not included on Schedule K, lines 1 through 12 and 16f (itemize):		<b>6</b> Deductions included on Schedule K, lines 1 through 12, and 16f, not charged against book income this year (itemize):	
<b>a</b> Depreciation \$ .....		<b>a</b> Depreciation \$ .....	
<b>b</b> Travel and entertainment \$ .....		<b>7</b> Add lines 5 and 6 .....	
<b>4</b> Add lines 1 through 3 .....	<b>-22,759</b>	<b>8</b> Income (loss) (Schedule K, line 18). Subtract line 7 from line 4 ..	<b>-22,759</b>

**Schedule M-2 Analysis of Accumulated Adjustments Account, Shareholders' Undistributed Taxable Income Previously Taxed, Accumulated Earnings and Profits, and Other Adjustments Account (see instructions)**

	(a) Accumulated adjustments account	(b) Shareholders' undistributed taxable income previously taxed	(c) Accumulated earnings and profits	(d) Other adjustments account
<b>1</b> Balance at beginning of tax year .....	<b>-442,533</b>			
<b>2</b> Ordinary income from page 1, line 22 .....				
<b>3</b> Other additions .....				
<b>4</b> Loss from page 1, line 22 .....	<b>( 22,759 )</b>			
<b>5</b> Other reductions .....	<b>( )</b>			<b>( )</b>
<b>6</b> Combine lines 1 through 5 .....	<b>-465,292</b>			
<b>7</b> Distributions .....				
<b>8</b> Balance at end of tax year. Subtract line 7 from line 6 .....	<b>-465,292</b>			

Form **1120-S** (2023)

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Form **1125-A**(Rev. November 2018)  
Department of the Treasury  
Internal Revenue Service**Cost of Goods Sold**▶ **Attach to Form 1120, 1120-C, 1120-F, 1120S, or 1065.**  
▶ **Go to [www.irs.gov/Form1125A](http://www.irs.gov/Form1125A) for the latest information.**

OMB No. 1545-0123

Name **COWAN FITNESS NORTH ROUND ROCK LLC** Employer identification number **47-5553255**

<b>1</b>	Inventory at beginning of year .....	<b>1</b>	<b>10,841</b>
<b>2</b>	Purchases .....	<b>2</b>	<b>27,129</b>
<b>3</b>	Cost of labor .....	<b>3</b>	
<b>4</b>	Additional section 263A costs (attach schedule) .....	<b>4</b>	
<b>5</b>	Other costs (attach schedule) .....	<b>5</b>	
<b>6</b>	<b>Total.</b> Add lines 1 through 5 .....	<b>6</b>	<b>37,970</b>
<b>7</b>	Inventory at end of year .....	<b>7</b>	<b>18,763</b>
<b>8</b>	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and on Form 1120, page 1, line 2 or the appropriate line of your tax return. See instructions .....	<b>8</b>	<b>19,207</b>

**9a** Check all methods used for valuing closing inventory:

(i) ☒ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ▶ .....

**b** Check if there was a writedown of subnormal goods ..... ▶ ☐

**c** Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ..... ▶ ☐

**d** If the LIFO inventory method was used for this tax year, enter amount of closing inventory computed under LIFO ..... **9d** .....

**e** If property is produced or acquired for resale, do the rules of section 263A apply to the entity? See instructions ..... ☐ Yes ☒ No

**f** Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ..... ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see instructions.

Form **1125-A** (Rev. 11-2018)

671121

**Schedule K-1**  
**(Form 1120-S)**Department of the Treasury  
Internal Revenue Service**2023**

For calendar year 2023, or tax year

beginning

ending

**Shareholder's Share of Income, Deductions, Credits, etc.**

See separate instructions.



Final K-1



Amended K-1

OMB No. 1545-0123

**Part III****Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

1	Ordinary business income (loss) <b>-11,380</b>	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked <input checked="" type="checkbox"/>
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16 <b>D</b>	Items affecting shareholder basis <b>3,641</b>
10	Other income (loss)	<b>E</b>	<b>53,259</b>
		17 <b>V*</b>	Other information <b>STMT</b>
11	Section 179 deduction	<b>ZZ*</b>	<b>STMT</b>
12	Other deductions		
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		
* See attached statement for additional information.			

**Part I****Information About the Corporation****A** Corporation's employer identification number**47-5553255****B** Corporation's name, address, city, state, and ZIP code**COWAN FITNESS NORTH ROUND ROCK LLC****808 SHADY BLUFF COVE****ROUND ROCK TX 78665****C** IRS Center where corporation filed return**E-FILE****D** Corporation's total number of sharesBeginning of tax year **100**End of tax year **100****Part II****Information About the Shareholder****E** Shareholder's identifying number**F** Shareholder's name, address, city, state, and ZIP code**GREGORY COWAN****808 SHADY BLUFF COVE****ROUND ROCK TX 78665****G** Current year allocation percentage **50.000000 %****H** Shareholder's number of sharesBeginning of tax year **50**End of tax year **50****I** Loans from shareholderBeginning of tax year \$ **53,259**End of tax year \$ **0**

For IRS Use Only

671121

**Schedule K-1**  
**(Form 1120-S)**Department of the Treasury  
Internal Revenue Service**2023**

For calendar year 2023, or tax year

beginning

ending

**Shareholder's Share of Income, Deductions, Credits, etc.**

See separate instructions.

☐

Final K-1

☒

Amended K-1

OMB No. 1545-0123

**Part III****Shareholder's Share of Current Year Income, Deductions, Credits, and Other Items**

1	Ordinary business income (loss) <b>-11,379</b>	13	Credits
2	Net rental real estate income (loss)		
3	Other net rental income (loss)		
4	Interest income		
5a	Ordinary dividends		
5b	Qualified dividends	14	Schedule K-3 is attached if checked <input checked="" type="checkbox"/>
6	Royalties	15	Alternative minimum tax (AMT) items
7	Net short-term capital gain (loss)		
8a	Net long-term capital gain (loss)		
8b	Collectibles (28%) gain (loss)		
8c	Unrecaptured section 1250 gain		
9	Net section 1231 gain (loss)	16 D	Items affecting shareholder basis <b>3,640</b>
10	Other income (loss)	E	<b>53,260</b>
		17 V*	Other information <b>STMT</b>
11	Section 179 deduction	ZZ*	<b>STMT</b>
12	Other deductions		
18	<input type="checkbox"/> More than one activity for at-risk purposes*		
19	<input type="checkbox"/> More than one activity for passive activity purposes*		
* See attached statement for additional information.			

**Part I Information About the Corporation**

A Corporation's employer identification number

**47-5553255**

B Corporation's name, address, city, state, and ZIP code

**COWAN FITNESS NORTH ROUND ROCK LLC****808 SHADY BLUFF COVE****ROUND ROCK TX 78665**

C IRS Center where corporation filed return

**E-FILE**

D Corporation's total number of shares

Beginning of tax year **100**End of tax year **100****Part II Information About the Shareholder**

E Shareholder's identifying number

F Shareholder's name, address, city, state, and ZIP code

**KATHERINE COWAN****808 SHADY BLUFF COVE****ROUND ROCK****TX 78665**G Current year allocation percentage **50.000000 %**

H Shareholder's number of shares

Beginning of tax year **50**End of tax year **50**

I Loans from shareholder

Beginning of tax year \$ **53,260**End of tax year \$ **0**

For IRS Use Only



Final K-3



Amended K-3

**Schedule K-3  
(Form 1120-S)****Shareholder's Share of Income, Deductions,  
Credits, etc.—International**

OMB No. 1545-0123

**2023**Department of the Treasury  
Internal Revenue Service

For calendar year 2023, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

**See separate instructions.****Information About the Corporation****Information About the Shareholder****A** Corporation's employer identification number (EIN)**C** Shareholder's identifying number**47-5553255****B** Corporation's name, address, city, state, and ZIP code**COWAN FITNESS NORTH ROUND ROCK LLC****808 SHADY BLUFF COVE****ROUND ROCK****TX 78665****D** Shareholder's name, address, city, state, and ZIP code**GREGORY COWAN****808 SHADY BLUFF COVE****ROUND ROCK****TX 78665****E** Check to indicate the parts of Schedule K-3 that apply.**Yes No****1** Does Part I apply? If "Yes," complete and attach Part I**1** **X****2** Does Part II apply? If "Yes," complete and attach Part II**2** **X****3** Does Part III apply? If "Yes," complete and attach Part III**3** **X****4** Does Part IV apply? If "Yes," complete and attach Part IV**4** **X****5** Does Part V apply? If "Yes," complete and attach Part V**5** **X****6** Does Part VI apply? If "Yes," complete and attach Part VI**6** **X****7** Does Part VII apply? If "Yes," complete and attach Part VII**7** **X**

For IRS Use Only



Corporation's name <b>COWAN FITNESS NORTH ROUND ROCK LLC</b>	EIN <b>47-5553255</b>	Shareholder's name <b>GREGORY COWAN</b>	Shareholder's identifying number <div style="background-color: black; color: black;">XXXXXXXXXX</div>
---	--------------------------	--	--

**Part I Shareholder's Share of Corporation's Other Current Year International Information**

Check box(es) for additional specified attachments. See instructions.

- |   |  |
|---|--|
| 1. Gain on personal property sale <input type="checkbox"/><br>2. Foreign oil and gas taxes <input type="checkbox"/><br>3. Splitter arrangements <input type="checkbox"/><br>4. Foreign tax translation <input type="checkbox"/> | 5. High-taxed income <input type="checkbox"/><br>6. Section 267A disallowed deduction <input type="checkbox"/><br>7. Form 8858 information <input type="checkbox"/><br>8. Form 5471 information <input type="checkbox"/><br>9. Other forms <input type="checkbox"/><br>10. Shareholder loan transaction <input type="checkbox"/><br>11. Entity treatment for certain S corporations <input type="checkbox"/><br>12. Form 8865 information <input type="checkbox"/><br>13. Other international items <input type="checkbox"/><br>(attach description and statement) |
|---|--|

**Part II Foreign Tax Credit Limitation**

**Section 1—Gross Income**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)		
1 Sales							
A <b>US</b>	<b>486,377</b>						<b>486,377</b>
B							
C							
2 Gross income from performance of services							
A							
B							
C							
3 Gross rental real estate income							
A							
B							
C							
4 Other gross rental income							
A							
B							
C							
5 Reserved for future use.....							
6 Interest income							
A							
B							
C							
7 Ordinary dividends (exclude amount on line 8)							
A							
B							
C							

Corporation's name

**COWAN FITNESS NORTH ROUND ROCK LLC**

EIN

**47-5553255**

Shareholder's name

**GREGORY COWAN**

S

umber

**Part II Foreign Tax Credit Limitation (continued)**

**Section 1—Gross Income (continued)**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)		
8 Qualified dividends							
A							
B							
C							
9 Reserved for future use .....							
10 Royalties and license fees							
A							
B							
C							
11 Net short-term capital gain							
A							
B							
C							
12 Net long-term capital gain							
A							
B							
C							
13 Collectibles (28%) gain							
A							
B							
C							
14 Unrecaptured section 1250 gain							
A							
B							
C							
15 Net section 1231 gain							
A							
B							
C							

Corporation's name		EIN	Shareholder's name	number
<b>COWAN</b>	<b>FITNESS NORTH ROUND ROCK LLC</b>	<b>47-5553255</b>	<b>GREGORY COWAN</b>	<div></div>
<b>Part II</b>	<b>Foreign Tax Credit Limitation (continued)</b>			

Section 1—Gross Income (continued)							
Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)		
16 Section 986(c) gain .....							
17 Section 987 gain .....							
18 Section 988 gain .....							
19 Section 951(a) inclusions							
A .....							
B .....							
C .....							
20 Other income (see instructions)							
A .....							
B .....							
C .....							
21 Section 951A(a) inclusions (see instructions) .....							
22 Reserved for future use							
A .....							
B .....							
C .....							
23 Reserved for future use							
A .....							
B .....							
C .....							
24 Total gross income (combine lines 1 through 23) .....	486,377						486,377
A US .....	486,377						486,377
B .....							
C .....							

Schedule K-3 (Form 1120-S) 2023

Page **5**

Corporation's name

**COWAN FITNESS NORTH ROUND ROCK LLC**

EIN

**47-5553255**

Shareholder's name

**GREGORY COWAN**

number

**Part II Foreign Tax Credit Limitation (continued)****Section 2—Deductions**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code _____ )		
<b>25</b> Expenses allocable to sales income .....	<b>460,563</b>						<b>460,563</b>
<b>26</b> Expenses allocable to gross income from performances of services .....							
<b>27</b> Net short-term capital loss .....							
<b>28</b> Net long-term capital loss .....							
<b>29</b> Collectibles loss .....							
<b>30</b> Net section 1231 loss .....							
<b>31</b> Other losses .....							
<b>32</b> Research & experimental (R&E) expenses							
<b>A</b> SIC code: .....							
<b>B</b> SIC code: .....							
<b>C</b> SIC code: .....							
<b>33</b> Allocable rental expenses—depreciation, depletion, and amortization .....							
<b>34</b> Allocable rental expenses—other than depreciation, depletion, and amortization .....							
<b>35</b> Allocable royalty and licensing expenses—depreciation, depletion, and amortization .....							
<b>36</b> Allocable royalty and licensing expenses—other than depreciation, depletion, and amortization .....							
<b>37</b> Depreciation not included on line 33 or 35 .....	<b>8,386</b>						<b>8,386</b>
<b>38</b> Charitable contributions .....							
<b>39</b> Interest expense specifically allocable under Regulations section 1.861-10(e) .....							
<b>40</b> Other interest expense specifically allocable under Regulations section 1.861-10T .....	<b>28,808</b>						<b>28,808</b>
<b>41</b> Other interest expense—business .....							
<b>42</b> Other interest expense—investment .....							
<b>43</b> Other interest expense—passive activity .....							
<b>44</b> Section 59(e)(2) expenditures, excluding R&E expenses on line 32 .....							
<b>45</b> Foreign taxes not creditable but deductible .....							

DAA

Schedule K-3 (Form 1120-S) 2023

Page **6**

Corporation's name

**COWAN FITNESS NORTH ROUND ROCK LLC**

EIN

**47-5553255**

Shareholder's name

**GREGORY COWAN**

Number

**Part II Foreign Tax Credit Limitation (continued)****Section 2—Deductions (continued)**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)		
<b>46</b> Section 986(c) loss .....							
<b>47</b> Section 987 loss .....							
<b>48</b> Section 988 loss .....							
<b>49</b> Other allocable deductions (see instructions) .....							
<b>50</b> Other apportioned share of deductions (see instructions) .....							
<b>51</b> Reserved for future use .....							
<b>52</b> Reserved for future use .....							
<b>53</b> Reserved for future use .....							
<b>54</b> Total deductions (combine lines 25 through 53) .....	<b>497,757</b>						<b>497,757</b>
<b>55</b> Net income (loss) (subtract line 54 from line 24) .....	<b>-11,380</b>						<b>-11,380</b>

**Part III Other Information for Preparation of Form 1116****Section 1—R&E Expenses Apportionment Factors**

Description	(a) U.S. source	Foreign Source					(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)			
<b>1</b> Gross receipts by SIC code								
<b>A</b> SIC code: .....							<b>2A(i)</b>	
<b>B</b> SIC code: .....							<b>2A(ii)</b>	
<b>C</b> SIC code: .....							<b>2A(iii)</b>	
<b>D</b> SIC code: .....								
<b>E</b> SIC code: .....								
<b>F</b> SIC code: .....								
<b>2</b> Exclusive apportionment with respect to total R&E expenses entered on Part II, line 32.								
<b>A</b> R&E expense with respect to activity performed in the United States							<b>2A(i)</b>	
(i) SIC code: .....							<b>2A(ii)</b>	
(ii) SIC code: .....							<b>2A(iii)</b>	
(iii) SIC code: .....								
<b>B</b> R&E expense with respect to activity performed outside the United States							<b>2B(i)</b>	
(i) SIC code: .....							<b>2B(ii)</b>	
(ii) SIC code: .....							<b>2B(iii)</b>	
(iii) SIC code: .....								

Schedule K-3 (Form 1120-S) 2023

Page **7**

Corporation's name

**COWAN FITNESS NORTH ROUND ROCK LLC**

EIN

**47-5553255**

Shareholder's name

**GREGORY COWAN**

Shareholder's identifying number

**Part III** Other Information for Preparation of Form 1116 (continued)**Section 2—Interest Expense Apportionment Factors**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code _____ ) (country code _____ )		
<b>1</b> Total average value of assets .....	<b>198,490</b>						<b>198,490</b>
<b>2</b> Reserved for future use .....							
<b>3</b> Assets attracting directly allocable interest expense under Regulations section 1.861-10(e) .....							
<b>4</b> Other assets attracting directly allocable interest expense under Regulations section 1.861-10T .....							
<b>5</b> Assets excluded from apportionment formula .....							
<b>6a</b> Total assets used for apportionment (subtract the sum of lines 3, 4, and 5 from the sum of lines 1 and 2) .....	<b>198,490</b>						<b>198,490</b>
<b>b</b> Assets attracting business interest expense .....							
<b>c</b> Assets attracting investment interest expense .....							
<b>d</b> Assets attracting passive activity interest expense .....							
<b>7</b> Basis in stock of 10%-owned noncontrolled foreign corporations (see attachment) .....							
<b>8</b> Basis in stock of CFCs (see attachment) .....							

Schedule K-3 (Form 1120-S) 2023



Final K-3



Amended K-3

**Schedule K-3  
(Form 1120-S)****Shareholder's Share of Income, Deductions,  
Credits, etc.—International**

OMB No. 1545-0123

**2023**Department of the Treasury  
Internal Revenue Service

For calendar year 2023, or tax year beginning \_\_\_\_\_, ending \_\_\_\_\_

**See separate instructions.****Information About the Corporation****Information About the Shareholder****A** Corporation's employer identification number (EIN)**C** Shareholder's identifying number**47-5553255****B** Corporation's name, address, city, state, and ZIP code**COWAN FITNESS NORTH ROUND ROCK LLC****808 SHADY BLUFF COVE****ROUND ROCK****TX 78665****D** Shareholder's name, address, city, state, and ZIP code**KATHERINE COWAN****808 SHADY BLUFF COVE****ROUND ROCK****TX 78665****E** Check to indicate the parts of Schedule K-3 that apply.**Yes No****1** Does Part I apply? If "Yes," complete and attach Part I**1** **X****2** Does Part II apply? If "Yes," complete and attach Part II**2** **X****3** Does Part III apply? If "Yes," complete and attach Part III**3** **X****4** Does Part IV apply? If "Yes," complete and attach Part IV**4** **X****5** Does Part V apply? If "Yes," complete and attach Part V**5** **X****6** Does Part VI apply? If "Yes," complete and attach Part VI**6** **X****7** Does Part VII apply? If "Yes," complete and attach Part VII**7** **X**

For IRS Use Only

Schedule K-3 (Form 1120-S) 2023

Corporation's name <b>COMAN FITNESS NORTH ROUND ROCK LLC</b>	EIN <b>47-5553255</b>	Shareholder's name <b>KATHERINE COMAN</b>	S number
---	--------------------------	--	-------------

**Part I** Shareholder's Share of Corporation's Other Current Year International Information

Check box(es) for additional specified attachments. See instructions.

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Gain on personal property sale | <input type="checkbox"/> 5. High-taxed income                            |
| <input type="checkbox"/> 2. Foreign oil and gas taxes      | <input type="checkbox"/> 6. Section 267A disallowed deduction            |
| <input type="checkbox"/> 3. Splitter arrangements          | <input type="checkbox"/> 7. Form 8858 information                        |
| <input type="checkbox"/> 4. Foreign tax translation        | <input type="checkbox"/> 8. Form 5471 information                        |
|  | <input type="checkbox"/> 9. Other forms                                  |
|  | <input type="checkbox"/> 10. Shareholder loan transaction                |
|  | <input type="checkbox"/> 11. Entity treatment for certain S corporations |
|  | <input type="checkbox"/> 12. Form 8865 information                       |
|  | <input type="checkbox"/> 13. Other international items                   |
|  | (attach description and statement)                                       |

**Part II** Foreign Tax Credit Limitation

**Section 1—Gross Income**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)		
<b>1</b> Sales							
<b>A</b> <b>US</b>	<b>486,377</b>						<b>486,377</b>
<b>B</b>							
<b>C</b>							
<b>2</b> Gross income from performance of services							
<b>A</b>							
<b>B</b>							
<b>C</b>							
<b>3</b> Gross rental real estate income							
<b>A</b>							
<b>B</b>							
<b>C</b>							
<b>4</b> Other gross rental income							
<b>A</b>							
<b>B</b>							
<b>C</b>							
<b>5</b> Reserved for future use							
<b>6</b> Interest income							
<b>A</b>							
<b>B</b>							
<b>C</b>							
<b>7</b> Ordinary dividends (exclude amount on line 8)							
<b>A</b>							
<b>B</b>							
<b>C</b>							



Corporation's name **COWAN FITNESS NORTH ROUND ROCK LLC** EIN **47-5553255** Shareholder's name **KATHERINE COWAN** Shareholder's identifying number XXXXXXXXXX

**Part II Foreign Tax Credit Limitation (continued)**

**Section 1—Gross Income (continued)**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)		
<b>8</b> Qualified dividends							
<b>A</b> _____							
<b>B</b> _____							
<b>C</b> _____							
<b>9</b> Reserved for future use .....							
<b>10</b> Royalties and license fees							
<b>A</b> _____							
<b>B</b> _____							
<b>C</b> _____							
<b>11</b> Net short-term capital gain							
<b>A</b> _____							
<b>B</b> _____							
<b>C</b> _____							
<b>12</b> Net long-term capital gain							
<b>A</b> _____							
<b>B</b> _____							
<b>C</b> _____							
<b>13</b> Collectibles (28%) gain							
<b>A</b> _____							
<b>B</b> _____							
<b>C</b> _____							
<b>14</b> Unrecaptured section 1250 gain							
<b>A</b> _____							
<b>B</b> _____							
<b>C</b> _____							
<b>15</b> Net section 1231 gain							
<b>A</b> _____							
<b>B</b> _____							
<b>C</b> _____							

Corporation's name		EIN	Shareholder's name		S	number
Part I	COWAN FITNESS NORTH ROUND ROCK LLC	47-5553255	KATHERINE COWAN			
Part II	Foreign Tax Credit Limitation (continued)					

Section 1—Gross Income (continued)							
Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)		
16 Section 986(c) gain .....							
17 Section 987 gain .....							
18 Section 988 gain .....							
19 Section 951(a) inclusions							
A .....							
B .....							
C .....							
20 Other income (see instructions)							
A .....							
B .....							
C .....							
21 Section 951A(a) inclusions (see instructions) .....							
22 Reserved for future use							
A .....							
B .....							
C .....							
23 Reserved for future use							
A .....							
B .....							
C .....							
24 Total gross income (combine lines 1 through 23) .....	486,377						486,377
A US .....	486,377						486,377
B .....							
C .....							

Schedule K-3 (Form 1120-S) 2023

Page **5**

Corporation's name

**COWAN FITNESS NORTH ROUND ROCK LLC**

EIN

**47-5553255**

Shareholder's name

**KATHERINE COWAN**

number

**Part II Foreign Tax Credit Limitation (continued)****Section 2—Deductions**

Description	(a) U.S. source	Foreign Source					(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code _____ )			
<b>25</b> Expenses allocable to sales income .....	<b>460,563</b>							<b>460,563</b>
<b>26</b> Expenses allocable to gross income from performances of services .....								
<b>27</b> Net short-term capital loss .....								
<b>28</b> Net long-term capital loss .....								
<b>29</b> Collectibles loss .....								
<b>30</b> Net section 1231 loss .....								
<b>31</b> Other losses .....								
<b>32</b> Research & experimental (R&E) expenses								
<b>A</b> SIC code:								
<b>B</b> SIC code:								
<b>C</b> SIC code:								
<b>33</b> Allocable rental expenses—depreciation, depletion, and amortization								
<b>34</b> Allocable rental expenses—other than depreciation, depletion, and amortization								
<b>35</b> Allocable royalty and licensing expenses—depreciation, depletion, and amortization .....								
<b>36</b> Allocable royalty and licensing expenses—other than depreciation, depletion, and amortization .....								
<b>37</b> Depreciation not included on line 33 or 35 .....	<b>8,386</b>							<b>8,386</b>
<b>38</b> Charitable contributions .....								
<b>39</b> Interest expense specifically allocable under Regulations section 1.861-10(e) .....								
<b>40</b> Other interest expense specifically allocable under Regulations section 1.861-10T .....	<b>28,807</b>							<b>28,807</b>
<b>41</b> Other interest expense—business .....								
<b>42</b> Other interest expense—investment .....								
<b>43</b> Other interest expense—passive activity								
<b>44</b> Section 59(e)(2) expenditures, excluding R&E expenses on line 32 .....								
<b>45</b> Foreign taxes not creditable but deductible .....								

DAA

Schedule K-3 (Form 1120-S) 2023

Page **6**

Corporation's name

**COWAN FITNESS NORTH ROUND ROCK LLC**

EIN

**47-5553255**

Shareholder's name

**KATHERINE COWAN**

number

**Part II Foreign Tax Credit Limitation (continued)****Section 2—Deductions (continued)**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)		
<b>46</b> Section 986(c) loss .....							
<b>47</b> Section 987 loss .....							
<b>48</b> Section 988 loss .....							
<b>49</b> Other allocable deductions (see instructions) .....							
<b>50</b> Other apportioned share of deductions (see instructions) .....							
<b>51</b> Reserved for future use .....							
<b>52</b> Reserved for future use .....							
<b>53</b> Reserved for future use .....							
<b>54</b> Total deductions (combine lines 25 through 53) .....	<b>497,756</b>						<b>497,756</b>
<b>55</b> Net income (loss) (subtract line 54 from line 24) .....	<b>-11,379</b>						<b>-11,379</b>

**Part III Other Information for Preparation of Form 1116****Section 1—R&E Expenses Apportionment Factors**

Description	(a) U.S. source	Foreign Source					(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)			
<b>1</b> Gross receipts by SIC code								
<b>A</b> SIC code: .....							<b>2A(i)</b>	
<b>B</b> SIC code: .....							<b>2A(ii)</b>	
<b>C</b> SIC code: .....							<b>2A(iii)</b>	
<b>D</b> SIC code: .....								
<b>E</b> SIC code: .....								
<b>F</b> SIC code: .....								
<b>2</b> Exclusive apportionment with respect to total R&E expenses entered on Part II, line 32.								
<b>A</b> R&E expense with respect to activity performed in the United States								
(i) SIC code: .....							<b>2A(i)</b>	
(ii) SIC code: .....							<b>2A(ii)</b>	
(iii) SIC code: .....							<b>2A(iii)</b>	
<b>B</b> R&E expense with respect to activity performed outside the United States								
(i) SIC code: .....							<b>2B(i)</b>	
(ii) SIC code: .....							<b>2B(ii)</b>	
(iii) SIC code: .....							<b>2B(iii)</b>	

Schedule K-3 (Form 1120-S) 2023

Page **7**

Corporation's name

**COMAN FITNESS NORTH ROUND ROCK LLC**

EIN

**47-5553255**

Shareholder's name

**KATHERINE COMAN**

Shareholder's identifying number

**Part III** Other Information for Preparation of Form 1116 (continued)**Section 2—Interest Expense Apportionment Factors**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code _____ ) (country code _____ )		
<b>1</b> Total average value of assets .....	<b>198,489</b>						<b>198,489</b>
<b>2</b> Reserved for future use .....							
<b>3</b> Assets attracting directly allocable interest expense under Regulations section 1.861-10(e) .....							
<b>4</b> Other assets attracting directly allocable interest expense under Regulations section 1.861-10T .....							
<b>5</b> Assets excluded from apportionment formula .....							
<b>6a</b> Total assets used for apportionment (subtract the sum of lines 3, 4, and 5 from the sum of lines 1 and 2) .....	<b>198,489</b>						<b>198,489</b>
<b>b</b> Assets attracting business interest expense .....							
<b>c</b> Assets attracting investment interest expense .....							
<b>d</b> Assets attracting passive activity interest expense .....							
<b>7</b> Basis in stock of 10%-owned noncontrolled foreign corporations (see attachment) .....							
<b>8</b> Basis in stock of CFCs (see attachment) .....							

Schedule K-3 (Form 1120-S) 2023

**SCHEDULE K-2**  
**(Form 1120-S)**  
Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0123

Shareholder's Pro Rata Share Items—International  
Attach to Form 1120-S.  
Go to [www.irs.gov/Form1120S](http://www.irs.gov/Form1120S) for instructions and the latest information.

2023

Name of corporation  
**COMAN FITNESS NORTH ROUND ROCK LLC**

Employer identification number (EIN)  
**47-5553255**

**A** Check to indicate the parts of Schedule K-2 that apply.

	Yes	No
1 Does Part I apply? If "Yes," complete and attach Part I		X
2 Does Part II apply? If "Yes," complete and attach Part II	X	
3 Does Part III apply? If "Yes," complete and attach Part III	X	
4 Does Part IV apply? If "Yes," complete and attach Part IV	X	
5 Does Part V apply? If "Yes," complete and attach Part V	X	
6 Does Part VI apply? If "Yes," complete and attach Part VI	X	
7 Does Part VII apply? If "Yes," complete and attach Part VII	X	

**Part I Corporation's Other Current Year International Information**

Check box(es) for additional specified attachments. See instructions.

<input type="checkbox"/> 1. Gain on personal property sale	<input type="checkbox"/> 5. High-taxed income	<input type="checkbox"/> 8. Form 5471 information	<input type="checkbox"/> 11. Entity treatment for certain S corporations
<input type="checkbox"/> 2. Foreign oil and gas taxes	<input type="checkbox"/> 6. Section 267A disallowed deduction	<input type="checkbox"/> 9. Other forms	<input type="checkbox"/> 12. Reserved for future use
<input type="checkbox"/> 3. Splitter arrangements	<input type="checkbox"/> 7. Form 8858 information	<input type="checkbox"/> 10. Shareholder loan transactions	<input type="checkbox"/> 13. Other international items
<input type="checkbox"/> 4. Foreign tax translation			(attach description and statement)

**Part II Foreign Tax Credit Limitation**

**Section 1—Gross Income**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code )		
1 Sales							
A US	972,754						972,754
B							
C							
2 Gross income from performance of services							
A							
B							
C							
3 Gross rental real estate income							
A							
B							
C							
4 Other gross rental income							
A							
B							
C							

For Paperwork Reduction Act Notice, see the Instructions for Form 1120-S.

Name of corporation

COWAN FITNESS NORTH ROUND ROCK LLC

EIN  
47-5553255

Part II Foreign Tax Credit Limitation (continued)

Section 1—Gross Income (continued)

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code )		
5 Reserved for future use .....							
6 Interest income							
A							
B							
C							
7 Ordinary dividends (exclude amount on line 8)							
A							
B							
C							
8 Qualified dividends							
A							
B							
C							
9 Reserved for future use .....							
10 Royalties and license fees							
A							
B							
C							
11 Net short-term capital gain							
A							
B							
C							
12 Net long-term capital gain							
A							
B							
C							
13 Collectibles (28%) gain							
A							
B							
C							
14 Unrecaptured section 1250 gain							
A							
B							
C							

Name of corporation

COWAN FITNESS NORTH ROUND ROCK LLC

EIN  
47-5553255

Part II Foreign Tax Credit Limitation (continued)

Section 1—Gross Income (continued)

Description	(a) U.S. source	Foreign Source					(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other category code			
15 Net section 1231 gain								
A								
B								
C								
16 Section 986(c) gain								
17 Section 987 gain								
18 Section 988 gain								
19 Section 951(a) inclusions								
A								
B								
C								
20 Other income (see instructions)								
A								
B								
C								
21 Section 951A(a) inclusions (see instructions)								
22 Reserved for future use								
A								
B								
C								
23 Reserved for future use								
A								
B								
C								
24 Total gross income (combine lines 1 through 23)	972,754							972,754
A US	972,754							972,754
B								
C								



Name of corporation

**COWAN FITNESS NORTH ROUND ROCK LLC**

EIN  
**47-5553255**

**Part II Foreign Tax Credit Limitation (continued)**

**Section 2—Deductions**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code )		
25 Expenses allocable to sales income . . . . .	921,126						921,126
26 Expenses allocable to gross income from performance of services . . . . .							
27 Net short-term capital loss . . . . .							
28 Net long-term capital loss . . . . .							
29 Collectibles loss . . . . .							
30 Net section 1231 loss . . . . .							
31 Other losses . . . . .							
32 Research & experimental (R&E) expenses							
A SIC code: . . . . .							
B SIC code: . . . . .							
C SIC code: . . . . .							
33 Allocable rental expenses—depreciation, depletion, and amortization . . . . .							
34 Allocable rental expenses—other than depreciation, depletion, and amortization . . . . .							
35 Allocable royalty and licensing expenses—depreciation, depletion, and amortization . . . . .							
36 Allocable royalty and licensing expenses—other than depreciation, depletion, and amortization . . . . .							
37 Depreciation not included on line 33 or line 35 . . . . .	16,772						16,772
38 Charitable contributions . . . . .							
39 Interest expense specifically allocable under Regulations section 1.861-10(e) . . . . .							
40 Other interest expense specifically allocable under Regulations section 1.861-10T . . . . .	57,615						57,615
41 Other interest expense—business . . . . .							
42 Other interest expense—investment . . . . .							
43 Other interest expense—passive activity . . . . .							
44 Section 59(e)(2) expenditures, excluding R&E expenses on line 32 . . . . .							
45 Foreign taxes not creditable but deductible . . . . .							

Name of corporation

**COMAN FITNESS NORTH ROUND ROCK LLC**

EIN

**47-5553255****Part II Foreign Tax Credit Limitation (continued)****Section 2—Deductions (continued)**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____)		
46 Section 986(c) loss .....							
47 Section 987 loss .....							
48 Section 988 loss .....							
49 Other allocable deductions (see instructions) .....							
50 Other apportioned share of deductions (see instructions) .....							
51 Reserved for future use .....							
52 Reserved for future use .....							
53 Reserved for future use .....							
54 Total deductions (combine lines 25 through 53) .....	995,513						995,513
55 Net income (loss) (subtract line 54 from line 24) .....	-22,759						-22,759

**Part III Other Information for Preparation of Form 1116****Section 1—R&E Expenses Apportionment Factors**

Description	(a) U.S. source	Foreign Source					(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____) (country code _____)			
<b>1</b> Gross receipts by SIC code								
<b>A</b> SIC code: _____								
<b>B</b> SIC code: _____								
<b>C</b> SIC code: _____								
<b>D</b> SIC code: _____								
<b>E</b> SIC code: _____								
<b>F</b> SIC code: _____								
<b>2</b> Exclusive apportionment with respect to total R&E expenses entered on Part II, line 32. Enter the following.								
<b>A</b> R&E expense with respect to activity performed in the United States								
(i) SIC code: _____							2A(i)	
(ii) SIC code: _____							2A(ii)	
(iii) SIC code: _____							2A(iii)	
<b>B</b> R&E expense with respect to activity performed outside the United States								
(i) SIC code: _____							2B(i)	
(ii) SIC code: _____							2B(ii)	
(iii) SIC code: _____							2B(iii)	

Name of corporation

**COWAN FITNESS NORTH ROUND ROCK LLC**

EIN

**47-5553255****Part III Other Information for Preparation of Form 1116 (continued)****Section 2—Interest Expense Apportionment Factors**

Description	(a) U.S. source	Foreign Source				(f) Sourced by shareholder	(g) Total
		(b) Foreign branch category income	(c) Passive category income	(d) General category income	(e) Other (category code _____ ) (country code _____ )		
<b>1</b> Total average value of assets .....	<b>396,979</b>						<b>396,979</b>
<b>2</b> Reserved for future use .....							
<b>3</b> Assets attracting directly allocable interest expense under Regulations section 1.861-10(e) .....							
<b>4</b> Other assets attracting directly allocable interest expense under Regulations section 1.861-10T .....							
<b>5</b> Assets excluded from apportionment formula .....							
<b>6a</b> Total assets used for apportionment (subtract the sum of lines 3, 4, and 5 from the sum of lines 1 and 2) .....	<b>396,979</b>						<b>396,979</b>
<b>b</b> Assets attracting business interest expense .....							
<b>c</b> Assets attracting investment interest expense .....							
<b>d</b> Assets attracting passive activity interest expense .....							
<b>7</b> Basis in stock of 10%-owned noncontrolled foreign corporations (see attachment) .....							
<b>8</b> Basis in stock of CFCs (see attachment) .....							

Schedule K-2 (Form 1120-S) 2023

Form **112**  
(Rev. October 2016)

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-REIT, 1120-RIC, or 1120S.

OMB No. 1545-0123

► Information about Form 1125-E and its separate instructions is at [www.irs.gov/form1125e](http://www.irs.gov/form1125e).

Name	Employer identification number
COWAN FITNESS NORTH ROUND ROCK LLC	47-5553255

<b>2</b>	Total compensation of officers .....	<b>2</b>	<b>60,000</b>
<b>3</b>	Compensation of officers claimed on Form 1125-A or elsewhere on return .....	<b>3</b>	
<b>4</b>	Subtract line 3 from line 2. Enter the result here and on Form 1120, page 1, line 12 or the appropriate line of your tax return .....	<b>4</b>	<b>60,000</b>

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
(Including Information on Listed Property)  
Attach to your tax return.Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2023**Attachment  
Sequence No. **179**

Name(s) shown on return

**COWAN FITNESS NORTH ROUND ROCK LLC**

Identifying number

**47-5553255**

Business or activity to which this form relates

**REGULAR DEPRECIATION****Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,160,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,890,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	<b>8,222</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Don't include listed property. See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	<b>8,139</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		<b>2,055</b>	<b>5.0</b>	<b>HY</b>	<b>200DB</b>	<b>411</b>
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>16,772</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

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**COWAN FITNESS NORTH ROUND ROCK LLC 47-5553255**

Form 4562 (2023)

Page **2****Part V Listed Property** (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?				Yes	No	24b If "Yes," is the evidence written?				Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions									25			
26 Property used more than 50% in a qualified business use:												
		%										
		%										
27 Property used 50% or less in a qualified business use:												
		%					S/L-					
		%					S/L-					
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1									28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1										29		

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year ( <b>don't</b> include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **aren't** more than 5% owners or related persons. See instructions.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2023 tax year (see instructions):						
43 Amortization of costs that began before your 2023 tax year					43	17,440
44 <b>Total.</b> Add amounts in column (f). See the instructions for where to report					44	17,440

DAA

Form **4562** (2023)

# ceterus

Location:	OT - 0105 Round Rock University (Closed through 01-31-2025)
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## Balance Sheet

Reporting Date: Jan 2025

### Assets

Horizon Bank Checking *9483	67,302.76
<b>Total Cash and Cash Equivalents</b>	<b>67,302.76</b>

Cash Clearing	188.50
Credit Card Clearing	6,354.52
Transfer Clearing	-
Bill.com Clearing	287.63
Due To/From - OT - 0308 Round Rock	77,289.95
Due To/From - OT - 0621 Pflugerville	(161,873.81)
Inventory	18,762.97
<b>Total Other Current Assets</b>	<b>(58,990.24)</b>

<b>Total Current Assets</b>	<b>8,312.52</b>
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Equipment	130,910.59
Computer Equipment	1,984.49
Furniture & Fixtures	89,204.18
Leasehold Improvements	245,770.50
Accumulated Depreciation	(413,087.04)
<b>Total Property &amp; Equipment</b>	<b>54,782.72</b>

Deposits - Rent & Other	11,200.00
Franchise Fee	250,000.00
Loan Origination Fee	71,105.62
Accumulated Amortization	(202,666.27)
<b>Total Other Long-Term Assets</b>	<b>129,639.35</b>

<b>TOTAL ASSETS</b>	<b>192,734.59</b>
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### Liabilities

Accounts Payable	10,294.77
<b>Total Accounts Payable</b>	<b>10,294.77</b>

Amex Credit Card *13002	1,162.84
<b>Total Credit Cards</b>	<b>1,162.84</b>

Donations Payable	-
Payroll Clearing	-
Sales Tax Payable	151.52
Royalties Payable	2,222.74
<b>Total Other Current Liabilities</b>	<b>2,374.26</b>

<b>Total Current Liabilities</b>	<b>13,831.87</b>
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First National Bank Loan*2125	191,842.91
Emergency Disaster Loan	500,000.00
American Express Loan	3,930.76
Owner Loan	6,000.00
<b>Total Long Term Liabilities</b>	<b>701,773.67</b>

<b>TOTAL LIABILITIES</b>	<b>715,605.54</b>
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### Equity

Retained Earnings	(560,877.07)
Owner Equity - Gregory Cowan - 50%	(9,820.57)
Owner Contributions - Gregory Cowan - 50%	12,586.96
Owner Distributions - Gregory Cowan - 50%	(2,500.00)
Owner Equity - Kathy Cowan - 50%	(9,820.57)
Owner Contributions - Kathy Cowan - 50%	12,586.96
Owner Distributions - Kathy Cowan - 50%	-
Equity - Prior Year Adjustments	(19,110.01)
Net Income	54,083.35
<b>Total Equity</b>	<b>(522,870.95)</b>

<b>TOTAL EQUITY</b>	<b>(522,870.95)</b>
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<b>TOTAL LIABILITIES AND EQUITY</b>	<b>192,734.59</b>
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# ceterus

Store Number:	0105
Location:	OT - 0105 Round Rock University (Closed through 01-31-2025)
Start Date:	1/1/2025
End Date:	1/31/2025

## Cash Flow Statement

Cash Flow	Total
<b>Cash Flows from Operating Activities</b>	
Net Income	54,083.35
<b>Adjustments required to reconcile net income (loss) to net cash provided by (used in) operating activities.</b>	
Other Current Assets	(903.57)
Intercompany Accounts	6,430.84
Accounts Payable	368.75
Credit Card Accounts	(5,194.91)
Other Current Liabilities	(938.35)
Net cash provided by (used in) operating activities	53,846.11
<b>Cash Flows from Investing Activities</b>	
Net cash provided by (used for) investing activities	0
<b>Cash Flows from Financing Activities</b>	
Change in Cash Related to Debt	(3,708.34)
Contributions/Distributions of Equity	(2,500.00)
Net cash provided by (used for) financing activities	(6,208.34)
Net Increase (Decrease) in Cash and Cash Equivalents	47,637.77
<b>Cash and Cash Equivalents at Beginning of Period</b>	<b>19,664.99</b>
Cash and Cash Equivalents at End of Period	67,302.76



# ceterus

Store Number:	0105
Location:	OT - 0105 Round Rock University (Closed through 01-31-2025)
Start Date:	1/1/2025
End Date:	1/31/2025

## PROFIT AND LOSS

	Jan 2025	% of Total Revenue
Package Revenue	724.00	1.02%
Membership Revenue	65,399.00	91.74%
Freeze Fee	270.00	0.38%
Internal Events	3,080.00	4.32%
Late Cancel/No Show	432.00	0.61%
OT Beat Rental	5.00	0.01%
Additional Classes	96.00	0.13%
Accessories	6.95	0.01%
Food & Drinks	95.00	0.13%
OT Beats Revenue	3,014.70	4.23%
Cross Regional Classes	(1,877.50)	-2.63%
Account	43.00	0.06%
<b>Total Revenue</b>	<b>71,288.15</b>	<b>100.00%</b>
Direct Labor - Trainer/Instructor Wages	22,291.76	31.27%
Direct Labor - Trainer/Instructor Bonus	1,376.00	1.93%
Merchant Charges	1,825.95	2.56%
Retail Product Costs	3,637.30	5.10%
<b>Total Cost of Goods/Services</b>	<b>29,131.01</b>	<b>40.86%</b>
<b>Gross Profit</b>	<b>42,157.14</b>	<b>59.14%</b>
<b>Total Personnel (Fixed Costs)</b>	<b>-</b>	<b>0.00%</b>
Payroll Taxes	2,293.45	3.22%
Reimbursed Expenses	150.00	0.21%
Payroll Processing Fees	720.35	1.01%
Officers Health Insurance	28.51	0.04%
Recruiting Expense	16.60	0.02%
<b>Total Personnel (Other Costs)</b>	<b>3,208.91</b>	<b>4.50%</b>
Rent	16,312.15	22.88%
Storage Rent	310.00	0.43%
Repairs & Maintenance	918.75	1.29%
Utilities	649.53	0.91%
Janitorial Expense	193.60	0.27%
Telephone/Internet Expense	(914.89)	-1.28%
<b>Total Facility</b>	<b>17,469.14</b>	<b>24.50%</b>
General Liability Insurance	688.93	0.97%
<b>Total Insurance</b>	<b>688.93</b>	<b>0.97%</b>
Direct Marketing	(1,061.76)	-1.49%
National Marketing Fund	2,195.24	3.08%
<b>Total Marketing</b>	<b>1,133.48</b>	<b>1.59%</b>
Professional Fees - Accounting	603.13	0.85%
Software Lease/Support	1,048.00	1.47%
Royalty Fees	3,867.32	5.42%
Office Supplies	193.04	0.27%
Dues and Subscriptions	(0.71)	0.00%
Operating In/Out	10.00	0.01%
<b>Total General and Administrative</b>	<b>5,720.78</b>	<b>8.02%</b>
<b>Total Expenses</b>	<b>28,221.24</b>	<b>39.59%</b>
<b>Net Operating Income</b>	<b>13,935.90</b>	<b>19.55%</b>
Interest Income	8,051.67	11.29%
ERC - Employee Retention Credit (Taxable)	57,328.63	80.42%
<b>Total Other Income</b>	<b>65,380.30</b>	<b>91.71%</b>
Taxes - Local	1,624.93	2.28%
Miscellaneous Expense	7.54	0.01%
Automobile Expense	609.81	0.86%
Travel Expense	(40.00)	-0.06%
Owner Compensation	3,000.00	4.21%
Interest & Credit Expense	222.50	0.31%
SBA Interest Expense	252.00	0.35%
Finance Charge	56.07	0.08%
For Accountant Review	19,500.00	27.35%
<b>Total Other Expenses</b>	<b>25,232.85</b>	<b>35.40%</b>
<b>Net Income</b>	<b>54,083.35</b>	<b>75.87%</b>
<b>EBITDA</b>	<b>62,665.59</b>	<b>87.90%</b>

Location:	OT - 0105 Round Rock University (Closed through 02-28-2025)
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## Balance Sheet

Reporting Date:	Dec 2024
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### Assets

Horizon Bank Checking *9483	19,664.99
<b>Total Cash and Cash Equivalents</b>	<b>19,664.99</b>

Cash Clearing	188.50
Credit Card Clearing	5,171.64
Transfer Clearing	-
Bill.com Clearing	-
Due To/From - OT - 0308 Round Rock	79,789.95
Due To/From - OT - 0621 Pflugerville	(157,942.97)
Inventory	18,762.97
<b>Total Other Current Assets</b>	<b>(54,029.91)</b>

<b>Total Current Assets</b>	<b>(34,364.92)</b>
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Equipment	130,910.59
Computer Equipment	1,984.49
Furniture & Fixtures	89,204.18
Leasehold Improvements	245,770.50
Accumulated Depreciation	(413,087.04)
<b>Total Property &amp; Equipment</b>	<b>54,782.72</b>

Deposits - Rent & Other	11,200.00
Franchise Fee	250,000.00
Loan Origination Fee	71,105.62
Accumulated Amortization	(202,666.27)
<b>Total Other Long-Term Assets</b>	<b>129,639.35</b>

<b>TOTAL ASSETS</b>	<b>150,057.15</b>
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### Liabilities

Accounts Payable	9,926.02
<b>Total Accounts Payable</b>	<b>9,926.02</b>

Amex Credit Card *13002	6,357.75
<b>Total Credit Cards</b>	<b>6,357.75</b>

Donations Payable	-
Payroll Clearing	-
Sales Tax Payable	345.61
Royalties Payable	3,018.10
<b>Total Other Current Liabilities</b>	<b>3,363.71</b>

<b>Total Current Liabilities</b>	<b>19,647.48</b>
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First National Bank Loan*2125	191,842.91
Emergency Disaster Loan	500,000.00
American Express Loan	7,639.10
Owner Loan	6,000.00
<b>Total Long Term Liabilities</b>	<b>705,482.01</b>

<b>TOTAL LIABILITIES</b>	<b>725,129.49</b>
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### Equity

Retained Earnings	(512,930.56)
Owner Equity - Gregory Cowan - 50%	(9,820.57)
Owner Contributions - Gregory Cowan - 50%	12,586.96
Owner Distributions - Gregory Cowan - 50%	-
Owner Equity - Kathy Cowan - 50%	(9,820.57)
Owner Contributions - Kathy Cowan - 50%	12,586.96
Owner Distributions - Kathy Cowan - 50%	-
Equity - Prior Year Adjustments	(19,110.01)
Net Income	(48,564.55)
<b>Total Equity</b>	<b>(575,072.34)</b>

<b>TOTAL EQUITY</b>	<b>(575,072.34)</b>
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<b>TOTAL LIABILITIES AND EQUITY</b>	<b>150,057.15</b>
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Store Number:	0105
Location:	OT - 0105 Round Rock University (Closed through 02-28-2025)
Start Date:	1/1/2024
End Date:	12/31/2024

## PROFIT AND LOSS

	Jan 2024 - Dec 2024	% of Total Revenue
Drop In Revenue	735.00	0.09%
Package Revenue	12,347.00	1.45%
Membership Revenue	819,680.86	96.56%
Freeze Fee	3,615.00	0.43%
Internal Events	8,650.00	1.02%
Late Cancel/No Show	3,816.00	0.45%
OT Beat Rental	10.00	0.00%
Additional Classes	2,160.00	0.25%
Accessories	955.45	0.11%
Clothing	142.40	0.02%
Food & Drinks	1,040.25	0.12%
OT Beats Revenue	15,839.10	1.87%
Cross Regional Classes	(16,029.70)	-1.89%
Account	(1,445.58)	-0.17%
Chargebacks	(2,664.00)	-0.31%
<b>Total Revenue</b>	<b>848,851.78</b>	<b>100.00%</b>
Direct Labor - Trainer/Instructor Wages	323,551.04	38.12%
Direct Labor - Trainer/Instructor Bonus	17,974.00	2.12%
Merchant Charges	23,360.49	2.75%
Retail Product Costs	17,640.97	2.08%
<b>Total Cost of Goods/Services</b>	<b>382,526.50</b>	<b>45.06%</b>
<b>Gross Profit</b>	<b>466,325.28</b>	<b>54.94%</b>
<b>Total Personnel (Fixed Costs)</b>	<b>-</b>	<b>0.00%</b>
Payroll Taxes	31,540.87	3.72%
Reimbursed Expenses	4,757.09	0.56%
Payroll Processing Fees	5,039.61	0.59%
Officers Health Insurance	342.12	0.04%
Recruiting Expense	427.62	0.05%
Contract Labor	200.00	0.02%
<b>Total Personnel (Other Costs)</b>	<b>42,307.31</b>	<b>4.98%</b>
Rent	188,379.92	22.19%

Storage Rent	3,720.00	0.44%
Repairs & Maintenance	5,334.63	0.63%
Utilities	9,683.82	1.14%
Security	40.00	0.00%
Music System	1,184.69	0.14%
Cleaning	7,849.71	0.92%
Janitorial Expense	550.08	0.06%
Telephone/Internet Expense	8,709.16	1.03%
<b>Total Facility</b>	<b>225,452.01</b>	<b>26.56%</b>

General Liability Insurance	5,646.77	0.67%
<b>Total Insurance</b>	<b>5,646.77</b>	<b>0.67%</b>

Direct Marketing	20,152.79	2.37%
Promotional Items	600.00	0.07%
National Marketing Fund	25,909.47	3.05%
National SEM	1,128.00	0.13%
Shows & Events	50.00	0.01%
Contestant Incentive	750.00	0.09%
<b>Total Marketing</b>	<b>48,590.26</b>	<b>5.72%</b>

Professional Fees - Accounting	9,509.71	1.12%
Professional Fees - Legal	539.00	0.06%
Computer & Software	797.25	0.09%
Software Lease/Support	12,576.00	1.48%
Royalty Fees	45,069.29	5.31%
Printing and Reproduction	3,928.81	0.46%
Office Supplies	4,858.00	0.57%
Dues and Subscriptions	2,509.68	0.30%
Equipment Repairs & Maintenance	9,111.52	1.07%
Bank Service Charges	35.00	0.00%
<b>Total General and Administrative</b>	<b>88,934.26</b>	<b>10.48%</b>

<b>Total Expenses</b>	<b>410,930.61</b>	<b>48.41%</b>
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<b>Net Operating Income</b>	<b>55,394.67</b>	<b>6.53%</b>
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Other Miscellaneous Income	533.77	0.06%
<b>Total Other Income</b>	<b>533.77</b>	<b>0.06%</b>

Taxes - Local	1,867.72	0.22%
Miscellaneous Expense	406.29	0.05%
Automobile Expense	7,950.71	0.94%
Meals	644.91	0.08%
Entertainment	260.00	0.03%

Travel Expense	2,139.46	0.25%
Misc. Non Operating Expense	505.98	0.06%
Owner Compensation	52,800.00	6.22%
Interest & Credit Expense	28,053.12	3.30%
SBA Interest Expense	9,783.50	1.15%
Finance Charge	81.30	0.01%
<b>Total Other Expenses</b>	<b>104,492.99</b>	<b>12.31%</b>
<b>Net Income</b>	<b>(48,564.55)</b>	<b>-5.72%</b>
<b>EBITDA</b>	<b>(10,646.63)</b>	<b>-1.25%</b>

# ceterus

Store Number:	0105
Location:	OT - 0105 Round Rock University (Closed through 02-28-2025)
Start Date:	1/1/2024
End Date:	12/31/2024

## Cash Flow Statement

Cash Flow	Total
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### Cash Flows from Operating Activities

Net Income	(48,564.55)
<b>Adjustments required to reconcile net income (loss) to net cash provided by (used in) operating activities.</b>	
Other Current Assets	25,112.56
Intercompany Accounts	45,808.40
Accounts Payable	8,025.02
Credit Card Accounts	(5,084.49)
Other Current Liabilities	3,363.71
<b>Net cash provided by (used in) operating activities</b>	<b>28,660.65</b>

### Cash Flows from Investing Activities

Purchase/Sale of Fixed Assets	12,000.00
<b>Net cash provided by (used for) investing activities</b>	<b>12,000.00</b>

### Cash Flows from Financing Activities

Change in Cash Related to Debt	(33,210.48)
Contributions/Distributions of Equity	(5,936.09)
<b>Net cash provided by (used for) financing activities</b>	<b>(39,146.57)</b>
<b>Net Increase (Decrease) in Cash and Cash Equivalents</b>	<b>1,514.08</b>

<b>Cash and Cash Equivalents at Beginning of Period</b>	<b>18,150.91</b>
Cash and Cash Equivalents at End of Period	19,664.99